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REPORTS OF THE PUBLIC HEALTH COMMITTEE ON THE WORK OF THE VARIOUS INSTITUTIONS AND DEPARTMENTS UNDER ITS ADMINISTRATION FOR THE YEAR ENDED 31st DECEMBER, 1963.

Presented to the States on 10th November, 1964, by Deputy G. C. Huelin of St. Brelade, President of the Public Health Committee.

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REPORTS OF THE PUBLIC HEALTH COMMITTEE ON THE WORK OF THE VARIOUS INSTITUTIONS AND DEPARTMENTS UNDER ITS ADMINISTRATION FOR THE YEAR ENDED 31st DECEMBER, 1963.

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STATES OF JERSEY.

10th November, 1964.

THE PRESIDENT OF THE PUBLIC HEALTH COMMITTEE presented to the Assembly Reports on the work of the various institutions and departments under the administration of the Committee for the year ended 31st December, 1963.

THE STATES ordered that the said Reports be printed and that copies thereof be distributed to the Members of the Assembly.

A. D. Le BROCQ,
Greffier of the States.

PUBLIC HEALTH COMMITTEE.

REPORT FOR 1963.

IN July, 1963, Dr. A. S. Darling left the Island to take up an appointment in Cheshire.

The Committee would wish to take this opportunity of expressing its appreciation of his devoted work in the Island over a long period of years. Dr. Darling was in the Island at the time of the occupation, when he was resident doctor at the General Hospital, subsequently, from 1949 to 1958, he was Deputy Medical Officer of Health, and he became Medical Officer of Health in 1958.

Dr. Darling's successor as Medical Officer of Health is Dr. W. Williams, and on 19th August, 1963, Dr. M. Murphy took up his duties as Deputy Medical Officer of Health.

General Hospital Reports.

Department of Medicine.

Dr. Bentlif reports that as there was no major epidemic it was possible during 1963, to cope quite satisfactorily with the bed situation, in spite of numerous aged people being admitted. Dr. Fogarty was allowed to have beds for acute mental cases and cases of overdose of tablets, and patients under Dr. Gruchy's care were admitted.

The number of diabetics continued to increase, without any obvious factor to account for the undoubted preponderance of diabetics in the Island. There appears to be no age limit, cases occurring in elderly people as well as in the very young. All cases are followed up at the Medical Clinic.

The number of bleeding peptic ulcers was about the same as the previous year and this number was increased during the summer months by visitors who were on holiday and whose digestic systems were perhaps a little abused by their holiday diet.

Another common complaint was thrombophlebitis of the veins of the leg, many of these cases being possibly due to the more sedentary life resulting from the prevalence of the motor-car in the Island.

The Department was again greatly indebted to Dr. Michael Kremer of the Middlesex Hospital, Mr. Valentine Logue, Neurosurgeon at the same Hospital, and Dr. Lee Lander at the Royal Free Hospital, who have been most helpful and co-operative, not only about advising on the management of cases but also in admitting cases which it was felt should be sent to England. Nineteen of these cases were transferred to the mainland under Dr. Bentlif's care during 1963.

The list of attendances at the Medical Clinic, shows an increase of 39 patients over 1962.

Medical Clinic.

Old Patients	1,384	
New Patients	79	
	1,463	patients
(1962...	1,424	patients)

Skin Clinic.

The number of dermatological cases seen in the Skin Clinic rose by 276 patients over 1962. A great many of these were cases of contact dermatitis due to the use of detergent powders in washing. They respond very quickly to the new Hydrocortisone preparations and it is very seldom that further advice has to be obtained from the mainland. However, Dr. Mitchell Heggs and other members of the staff at St. John's Hospital for Skin Diseases are most helpful in seeing patients who are sent over and advising on any alternative treatment which may be necessary.

Old Patients	1,937	
New Patients	494	
	2,431	patients
(1962	2,155	patients)

Special Clinic.

The Special Clinic is held on Wednesdays and Saturdays during the winter months and on Mondays, Wednesdays and Saturdays during the summer months. The increase in cases, compared with 1962, is rather alarming. The majority of patients are males and it is extremely difficult to get the female counterparts to attend the Clinic as most have left the Island by the time the men come for treatment. A special effort has been made to have a Clinic for women only on Wednesdays so that there should be no embarrassment to them.

Syphilis is getting more common and the majority of patients are homosexuals. Many come to the Island during the summer months to work as waiters, hotel porters, etc., and the incidence of this disease falls during the winter months.

In concert with the Medical Officer of Health everything possible is done to deal with this grave problem.

Old Patients	576	
New Patients	233	
	809	patients
(1962	473	patients)

Surgical Department.

Mr. St. John Birt and Mr. J. G. B. Myles report an increase in the amount of surgical work during the year under review, although the waiting lists were kept well under control and were not unduly long. The summer months, however, bring about more emergency work, with the visitors.

Reference is made to the fact that one of the biggest problems facing all hospitals in the British Isles is the shortage of young doctors who will do resident hospital appointments in the first few years after qualification, and to the fact that this is likely to become worse, and that to attract the right type of person, it is most important to have adequate living accommodation. As the great majority of doctors are now married within a year or two of qualification, it is increasingly important to be able to provide reasonable married accommodation.

In July 1963 the Out-Patients' Department was redesigned and redecorated and now consists of a light and airy waiting room, two rooms for consultations with two examination cubicles leading off each, and a small sterilising room. An Office has also been provided for the Out-Patients' Sister. All this makes the working conditions much more pleasant and has the very great advantage that patients can now be seen in privacy, instead of having two doctors working side by side in the same room.

The Records Staff are still working under very difficult conditions due to the shortage of space, but it is hoped that their working conditions will be improved as a result of the Consultant Staff Room having been given over to the Records Office.

Gynaecological Clinic.

There was an increase in the number of patients attending the Gynæcological Clinic.

With the co-operation of the Pathological Department, increasing use was made of the new cytological tests for early diagnosis of cancer of the uterus.

Orthopaedic Clinic.

The number of attendances at this Clinic continued to increase steadily the figure for new attendances being up by 257 patients on the previous year. This Clinic is now run entirely by appointment, which has the very great advantage that patients do not have to wait long before they are seen. Due to the increasing number of new patients seen in the Clinic in the latter part of the year, it was found necessary to run two Orthopædic Clinics each week.

Fracture Clinic.

The overall figure for this Clinic was slightly down for the year, which is surprising in view of the icy conditions in the early part of the year. It must, however, be borne in mind that these figures represent minor fractures and all major fractures are admitted direct to the Ward so are not included in the new attendance figures.

Quite a number of Plaster of Paris casts have to be changed in this Clinic and at the moment it is necessary to use one of the cubicles in the Surgical Out-Patients Department. This is not entirely satisfactory and when a new Department is built, consideration should be given to providing a properly tiled plaster room.

Routine statistics 1963 are as follows:—

General Surgical Operations.

1963 : 2,140 (1962 : 1,805)

CLINICS

	Old	New	Total	
Surgical Clinics	2,733	798	3,531	(1962 : 3,395)
Gynæcological Clinic	783	221	1,004	(1962 : 809)
Fracture Clinic	1,163	257	1,420	(1962 : 1,504)
Orthopædic Clinic...	1,308	515	1,823	(1962 : 1,566)

Cardiac Clinic.

Dr. R. O'Meara reported that the total number of patients attending this Clinic during 1963 was 1,073. This was an increase of 98 and included 145 new patients.

Once again, many most interesting cases were found and the choice of patients for Cardiac surgery was made much easier by the visits of Mr. McMilland Mr. Mullard from the Chest Hospital, Southampton. Dr. O'Meara paid tribute to the excellent co-operation received from this Hospital to whose surgeons and staff many Jersey patients owe a deep debt of gratitude.

Medical Clinic.

Dr. R. O'Meara reported that the total number of attendances at this Clinic during 1963 was 1,134, a reduction of 112 on the previous year.

The new quarters to which the Clinic had been transferred in 1962 made the work much easier and more pleasant and greatly facilitated the smooth running of the Clinic.

Ear, Nose and Throat Department.

Mr. W. R. Denny reports that the number of operations during the year under review was 558, while clinic attendances amounted to 3,880, consisting of 3,082 old patients and 798 new patients. The 1962 figure of clinic attendances was 4,685.

The inception of an appointment system for the Out-Patients' Clinic led to a considerable reduction in the amount of time which each patient is required to wait and this has been accomplished without the introduction of a waiting list.

The new Out-Patients' Department has proved most satisfactory, apart from difficulties encountered during hearing tests due to noise. It is hoped that in any future building programmes the possibility of a separate Ear, Nose and Throat Unit may receive consideration.

Children's Department.

Dr. H. L. Durell states that 518 patients attended the Pædeatric Clinic, 49 being new patients referred by outside Doctors. In the Ward there were 352 admissions, with 8 deaths. 4 of these were due to congenital abnormalities incompatible with life, 1 died of gastroenteritis, 1 of suprarenal failure, and 2 were admitted moribund, dying shortly after admission.

7 cases were transferred to London for neurological or cardiac investigation or treatment, and one to Southampton for exchange transfusion.

Psychiatric Clinic.

Dr. J. P. F. Fogarty, Consultant Psychiatrist, reports several staff changes during 1963. In May Sister Greenaway retired and Sister Pleece took over in July as Sister-in-Charge of the Psychiatric Department. In September Miss Gummer retired from the post of Secretary to the Department and Mrs. Cue took over at the beginning of December.

Both Miss Gummer and Sister Greenaway have given invaluable service to the Department.

A new post of Psychologist was advertised and several applications were received, but it was unfortunately impossible to obtain a satisfactory candidate and no appointment was made. This is regretted, as the liaison with the Education Service would be very considerably improved by such an appointment.

Re-decoration of the Out Patients' Clinic was completed at the end of November, 1963, and both patients and staff have commented on the improvement.

Attendances.

Total In-Patient and Out-Patient admissions and attendances during 1963 were:

Adult			5,370
Child Guidance Clinic:			248
			5,618
In Patients: Referred from or admitted to Medical and Surgical Wards			163
Admitted to Marie Louise Ward			191
In-Patient interviews: (approximate figure)			1,139
Out Patients: *Adult*: New Cases	139		
Old attendances	3,738		3,877
Child Guidance Clinic: New Cases	48		
Old attendances	200		248
Electroplexy Treatment: In and Out-Patients			478
Day Centre Attendances: In and Out-Patients...			5,013
Prison Referrals...			25

Analysis of In-Patients:

Alcoholics:	*Male*	34	*Female*	15	49
of these admitted more than once		9	of these admitted more than once...	2	
Attempted Suicides:	*Male*	28	*Female*	62	90
Transferred to St. Saviour's:	*Male*	13	*Female*	26	39
Transferred or Repatriated to England and Abroad:	*Male*	11	*Female*	3	14

Dr. Fogarty reports a marked rise in attempted suicides since 1960, with approximately three times as many admissions in 1963 as in 1960. The rate is higher in female than in male patients. This is not associated with a commensurate increase in successful suicides during the same period. Since 1953, the successful suicide rate has been higher in the males than in females, until 1963, when the incidence was reversed.

Since 1953, successful suicide attempts in the over forty age-group were three times as great as in the under forty age-group. By contrast, attempted suicide is twice as common in the under forty age-group. The highest admission rate in 1963 for attempted suicides was in April and May, and again in August to November. Attempted suicide is much more frequent in communities where individuals are isolated and lonely and where community ties are weak. The fact that more patients attempt suicide, despite the provision of greater medical and social services, and despite the appearance of voluntary organizations whose primary purpose is to help the lonely and isolated, underlines the fact that the problem of mental health is a matter for the community as a whole, and not only for the psychiatric and ancillary services. It should be emphasised that the majority of referrals come from amongst the resident population of the Island.

Mental health depends on a complexity of factors, including heredity, family stability, social integration and the stresses imposed by the community on the individual. Since many of these, viz. inadequate housing, lack of outlets for the developing personality, social isolation, insecurity in employment, etc. are outside the scope of medical services, and have their roots in the structure of the community, it is desirable that there should be an informed awareness of mental health problems amongst the general public. The establishment of a local Mental Health Association, open to the public and affiliated to the National Association for Mental Health would be of great help.

From 1960 to 1963, the admission rate for alcoholism increased two-and-a-half times, with the male admission rate twice that of the female.

The results of a survey carried out amongst the General Practitioners of the Island for 1961–1962, became available in 1963. This showed that in the seventy per-cent of practices which replied to the circular, there were then ninety-six known alcoholics. The vast proportion of alcoholics known to these practices were over the age of thirty.

In the Out-Patient Clinic, new attendances have increased by one-third since 1960, and admissions to the Wards have doubled since 1960. Such increases emphasise yet again the urgent need for better and more extensive accommodation for the Psychiatric patient at the General Hospital.

The lack of beds at St. Saviour's Hospital and the absence of any suitable hostel accommodation aggravates still further the strain on the limited facilities at the General Hospital.

Treatment of children is still hampered by the lack of any residential accommodation for the maladjusted child within the framework of the Psychiatric Department.

Care of the Aged.

Miss E. M. Findlay reports that statistics for the year were as follows :—

New Cases.		
Geriatric	184	
General (Almoner)	42	226

Of the Geriatric cases, the following were placed :

With relatives	16
At Home	12
Sandybrook Hospital	25
Sandybrook Annexe, Grouville	19
Overdale (Dr. Wishart)	7
Little Sisters	3
Boarded Out	7
Nursing Homes & Otherwise (including 2 to Poor Law)	52
	141
Consultations with Constable	89

It is very satisfactory to note the large number of patients able to return to their own homes. The two chief reasons for this were the ability to provide Meals on Wheels and Home Helps.

The Little Sisters are always ready to co-operate, but many of the patients were too infirm to transfer to them.

The sudden closing down of Constantia Lodge in March, 1963, involved the placement of 22 patients, at the request of the Medical Officer of Health, and the Superintending Health Visitor, Miss M. Jolliffe. This was completed by mid-April ; special thanks are due to Miss Owens, who kindly filled in many gaps.

The lack of suitable foster-homes prevented some patients from being boarded-out. The appointment of Mrs. Gray as Social Welfare Officer will, we hope, enable this situation to be improved, both by the provision of new places, and by the co-ordination of all existing facilities, voluntary and State, which work for the benefit of the elderly.

Wherever possible, relatives have undertaken responsibility for the care of their kith and kin. The Constables are willing to give financial help in these cases if required.

There is still some difficulty in providing Home Helps as frequently as they are required, in spite of fresh efforts made by the Committee of that Society.

" Meals on Wheels ", provided from September to April, continue to be of very great service to the elderly living at home. The service has now been extended to many of the country Parishes, to the great comfort of those who participate.

The need for adequate provision for men is still urgent though the increased number of beds at the Grouville Annexe has helped. Full nursing care is usually what the men require, but a few need something other than Boarding-out or Poor Law. It would be a great help to have some beds for ambulant patients, with adequate social facilities available.

In 1962, Senator T. G. Le Marinel, then President of the Public Health Committee, invited about twenty representatives of the various Island Voluntary Organizations to meet Dr. Boucher and Miss Hope-Murray of the Ministry of Health. At that meeting, Mrs. Johnson and Mr. Reed kindly promised to be Honorary Secretary and Chairman respectively, and there was considerable interest shown in the suggestion that a permanent Welfare Committee for the Elderly be formed.

Miss Findlay expresses the hope that it may be possible to harness the enthusiasm which was then aroused.

Opthalmic Department.

Dr. G. D. Harthan reports that both the General Eye Clinic and the Orthoptic Department worked to capacity, with the insertion of many extra cases requiring emergency treatment.

Towards the latter end of 1963, an experimental appointment system was instituted which was finalised into a full scheme with the co-operation of the Appointments Officer and this had the natural result of limiting the number of patients who can be seen at any one clinic and creating a waiting list.

Statistics on the work of the Clinic in 1963 are as follows :—

Eye Clinic.	Old patients	New patients	Monthly Totals
January	178	54	232
February	183	45	228
March	285	88	373
April	236	47	283
May	141	42	183
June	227	73	300
July	233	77	310
August	318	85	403
September	240	85	325
October	255	70	325
November	302	64	366
December	145	44	189
Yearly Totals	2,743	774	3,517

Orthoptic Clinic.

	Old patients	New patients	Monthly Totals
January	83	11	94
February	80	7	87
March	94	11	105
April	64	7	71
May	51	9	60
June	79	15	94
July	92	14	106
August	97	13	110
September	81	12	93
October	97	12	109
November	80	15	95
December	76	10	86
Yearly Totals	974	136	1,110

No. of Operations for 1963 in
Operating Theatre.

Hospital Cases	87
Private Wing Cases	12

No. of minor eye operations during 1963 : 99

Dr. G. D. Harthan

Eye Clinic.

1962	2,529 patients
1963	3,517 patients

1963 up by 988 patients

Orthoptic Clinic.

1962	788 patients
1963	1,110 patients

1963 up by 332 patients.

X-Ray Department.

Dr. P. A. W. Lea reports that the total number of patients x-rayed during the year under review was 14,078 an increase of 802 over the year 1962.

There was no great difference in the proportion of patients referred from various sources, *e.g.* Overdale patients. In-patients and Out-patients.

The number of patients receiving superficial therapy for skin disease was less than in 1962, 35 as opposed to 50. This reflects the modern attitude that x-ray therapy for non-malignant skin conditions should only be tried when all other forms of treatment have failed.

The total number of staff in the Department remained unchanged, although there were one or two replacements due to staff leaving. On several occasions the Department was understaffed due to sickness etc., but it was possible to call upon the services of either a locum Radiographer from the Mainland, or a married Radiographer living in the Island and who was able to come in on a part-time basis to help out.

There were rather more equipment breakdowns than in previous years, necessitating several visits by an engineer from the Manufacturers, although the Hospital Electrical Engineer, Mr. Syvret, was as usual able to correct minor faults.

The change over to an improved brand of x-ray film was successful, and made it possible to cut down on x-ray exposures to the benefit of both the patients and the x-ray equipment.

A number of special arteriographic x-ray examinations were performed during the year, and the new apparatus purchased for this purpose proved most satisfactory in use.

The following graph shows the steady rise in x-ray examinations since 1957.

Casualty Department.

STATISTICS.

	1962	1963
Casualty	38,694	37,785
Morning Medical Clinic	8,200	13,160
	46,894	50,945
Minor Operations	321	518
General Anæsthetics	68	189

Mr. J. G. B. Myles reports that a true comparison of the 1962 and 1963 figures cannot be made because during the first two months of 1962 the Casualty figures included patients being seen in the morning Medical Clinic.

The drop in attendances in the Casualty Department was therefore only apparent and the increase in the numbers in the Morning Medical Clinic was not really as great as it would appear. There was a total increase in attendances in the two Departments of approximately 4,000 during the year.

It is impossible to estimate accurately how many of the attendances recorded for January and February, 1962 were Casualty and how many were Morning Medical Clinic, but probably approximately half of the increases in 1963 belongs to each Department.

Of the 37,552 patients attending the Casualty Department, 988 of these patients were accidents or emergencies of other sorts who were admitted direct to the wards after preliminary examination and treatment in the Casualty Department.

The number of operations carried out in the Casualty Department increased very considerably. Many of these were operations which previously would have had to have been carried out in the main theatre and therefore the minor theatre is, undoubtedly, justifying its existence.

Apart from the general increase in work, there were no general alterations in the Department. One minor improvement was the installation of a set of solid screens in the minor treatment room. This forms a set of six small open cubicles so that patients can have minor dressings done without overlooking each other.

Mr. Myles points out that Casualty work is not all of a minor nature, the figure of 988 patients requiring admission from the Casualty Department (approximately 20 per week), showing that a number of fairly ill patients are being sent to the Department every day.

The Morning Medical Clinic continued to be run by Dr. Scholefield and served a very useful function, dealing on occasions with as many as 80 patients in a morning.

Physiotherapy Department.

Mr. J. G. B. Myles reports that the work of the Dapartment carried on efficiently despite difficulties caused by shortage of staff and shortage of space. At the beginning of 1963 there was a severe shortage of staff, but gradually over the next few months the position eased and by the summer the staff was again at full complement.

The Department now has the maximum number of physiotherapists and any further expansion would be difficult until more space can be made available.

Statistics for 1963.

Ultrasonics	1,586
Dressings	344
Electrical	11,011
Massage	1,757
Exercises	19,114
Diathermy	4,046
Ultra-violet light	476
Hospital attendances	24,452
Hospital treatments	38,334
Total	62,786
Private Wing attendances	136
Private Wing treatments	177
	313
Total attendances	24,588
Total treatments	38,511
	63,099
(Plus Plaster of Paris	9)

Dental Department.

Mr. A. S. Swain reports that, largely owing to the very bad weather in January and February, 1963, some of the country schools for which the Clinic is responsible were not visited. In all, 7 schools were visited and 1,066 children examined.

There was a good deal more surgical work than in previous years and 8 cases of fractured jaw—a high figure.

The statistics for 1963 are as follows :—

Total attendances at Clinic	1,923
Total child attendances	959
Adult attendances for extractions under anæsthetic	567
Child attendances for extractions under anæsthetic	316
Fillings for children	632
Dental examination of children at school	1,066
Number of children in need of treatment	512
Number of children who attended for treatment	329

Pharmacy Department.

Mr. C. E. Harewood, Chief Pharmacist, reports that the store in the private wing basement was established early in 1963 as a dressings and bottle store, and although inconvenient, because of the difficulty of access, this relieved the congestion in the main store and enabled both the range and the amount of dressings stocked, to be increased.

A start has been made in radically reorganising the main pharmacy and surgical store and this should be completed and at optimum function about May, 1964. Regard is being paid to the Defence Committee's recommendation to increase the amount of essential drugs and commodities stocked, and to the evolution of a new outlook on stock control systems.

The fire in the outer section of the Pharmacy in March, 1963 was a severe setback to the work schedule, and called for great effort on the part of the dispensing staff during the ensuing weeks. The opportunity was taken as a result of the disaster to replan the reception area and the Engineering Staff co-operated fully, both in the promptness of the renovations and manner of carrying them out, the result being that the reception area is now more spacious and comfortable for out-patients.

Early in 1963 the Hospital Pharmacopœia was completed, the technical work of compilation being carried out by this department. Selection of the drugs and preparations, numbering nearly 2,000 was made by a committee of three doctors and three pharmacists, and the list contains all essential drugs, but excludes duplications of preparations and unnecessarily expensive promotions, and does help to pinpoint the choice amongst a multiplicity of minor proprietary preparations and formulations. In May, 1963, the agreement of all doctors concerned was obtained and the Pharmacopœia put into operation for Hospital and Pink Prescriptions. During the latter half of the year all prescriptions were subject to analysis against the Pharmacopœia and the doctors notified periodically where items were ordered which were not included. The general observation can be made at this stage that such a pharmacopœia, if kept up to date, is workable and desirable, so long as the doctors continue to give their ready co-operation as at present.

The spectacular increase of 12,611 outpatients' prescriptions dispensed is difficult to apportion. Only 1,745 were due to increases in Pink ' Scripts ; an increase of 3,000 occurred before the end of March, and is probably a reflection of the severe winter. Moreover in 1963 there was not the dramatic fall in out-patients coincident with the end of the tourist season. Another contributing factor to the increase, is the tendency of doctors to write more prescriptions per out-patient visit.

	1963	1962	1961
Number of issues to wards and departments (including private wing)	56,320	53,064	49,231
Dangerous drugs issued to wards and out-patients	1,200	1,575	1,470
Surgical sundries issued	13,613	11,473	13,094
Instrument repairs handled	322	457	457
Intravenous infusions, injections etc., prepared	1,671	2,337	1,811
Sterile syringes complete, needles and special items...	94,260	86,213	93,991
Out-patient prescriptions (including Overdale, N.H.S. and 11,752 pink prescriptions)	67,690	55,079	51,510
Sales to individuals, priced issues to other hospitals and States' institutions	11,793	9,398	8,707
Gas and Oxygen cylinders issued...	1,328	1,286	1,215
Urgent calls out of duty hours	49	64	61
Lectures to nurses by Chief Pharmacist	7	6	7
Hearing aid transactions	228	237	218
Immunologicals issued to general practitioners	523	275	645
Items dispensed at St. Saviour's Hospital	7,639	7,194	6,611

Pharmacy Poisons and Medicines (Jersey) Law, 1952.

Mr. C. W. Harewood, the Chief Pharmacist, who undertakes the duties of Inspector under this Law, reports as follows :—

	1963	1962	1961
Visits to chemists, seedsmen, hairdressers and drug stores	40	28	29
Visits to grocers and general stores	82	95	92
Visits to nursing homes and other hospitals	2	6	5
Authorisation for purchases of strychnine	82	105	107
Telephone queries	61	15	19
Letters...	26	4	15
Interviews	9	—	—
Investigations	3	4	1
Test purchases made	10	2	—

1963 proved to be the busiest year since the introduction of the Law, quite apart from the routine inspections. Amendments to the Law were made in February and the complexity of these called for an explanatory leaflet to be circularized to the chemists. A range of herbal remedies sold by a local drug store was criticised as to labelling and on communicating the undesirable nature of these to the English manufacturers, they were withdrawn from sale.

Pathological Department.

Dr. E. Geal, Director of Pathology, reports that 1963 was the first complete year that the new and renovated premises were used to the full. For most of the year Doctor Douglas Riding was in charge of the Bacteriology Department. Dr. John Cragg was appointed Consultant Pathologist in November, taking over the Biochemical Department as well as Bacteriology.

The index figures of work done was 16,765 as against 14,021 in 1962.

A noticeable feature of the work load was in the type of case dealt with by the Surgical Department. The proportion of " heavy " major cases increased, resulting in increased pre and post-operative laboratory investigations particularly Biochemical and Blood Transfusion.

The emergency duty rota worked well to give a twenty-four hour cover, and Dr. Geal pays special tribute to the hard work, responsibility and cheerfulness of the technical staff.

Chaplain's Report.

The Reverend T. E. Fowler, in presenting his report for the year under review, expresses his thanks to the members of the staff for their help in the organization of the Services, and to the Nurses' Choir, whose singing at Special Services is so much appreciated.

There was a marked increase in the number of patients attending Evensong on Sundays and the Special Services, the latter in particular attracting many outside friends of the Hospital.

The Reverend Fowler again makes the suggestion that the Chapel could play a greater part in the life and work of the Hospital if it were wired for sound and linked on to the ward head-phones, so that patients unable to go to the Chapel could still participate in the Services. He also expresses the hope that it may be possible in the future to replace the present upright benches with seating more conducive to the comfort of patients recovering from an illness.

The regular visitation of patients, both at the General Hospital and at Overdale, continued throughout the year.

		Communicants—	
Baptisms	5	General Hospital Staff	85
Burials	6	Patients	121
Confirmed	1	Overdale Hospital	91

GENERAL HOSPITAL.
STATISTICAL TABLES.

STATISTICS FOR THE YEAR TO 31st DECEMBER, 1963.

IN-PATIENTS.

Number of Patients at beginning of Year	140
Number of Patients admitted during the Year	4,809
Number of Patients at the end of Year	133
Average Number of Patients resident daily throughout the Year	144

ANNUAL EXPENDITURE ON IN-PATIENTS AND AVERAGE COST OF EACH IN-PATIENT PER WEEK.

	Expenditure on In-Patients	Average cost of each In-Patient per week
	£	£ s. d.
Provisions...	28,130	3 14 11
Surgery and Dispensary	31,615	4 4 3
Domestic	24,467	3 5 2
Salaries and wages...	171,616	22 17 1
Miscellaneous	5,698	15 2
Administration...	9,395	1 5 0
Establishment, Renewals and Repairs	7,285	19 5
	£278,206	£37 1 0

GENERAL HOSPITAL.
STATISTICAL TABLES.

STATISTICS FOR THE YEAR TO 31st DECEMBER, 1963.

OUT-PATIENTS.

Total Number of New Out-Patients 32,054

Total Number of Out-Patients Attendances 114,188

ANNUAL EXPENDITURE ON OUT-PATIENTS AND AVERAGE COST OF EACH OUT-PATIENTS ATTENDANCE.

	Expenditure on Out-Patients	Average cost of each Out-Patient Attendance
	£	d.
Provisions...	2,229	4.68
Surgery and Dispensary	23,800	50.02
Domestic	2,365	4.97
Salaries and Wages	42,853	90.07
Miscellaneous	1,100	2.31
Administration...	3,321	6.98
Establishment, Renewals and Repairs	888	1.88
	76,556	160.91

GENERAL HOSPITAL.
STATISTICAL TABLES.

Statistics for the year to 31st December, 1963.

OUT-PATIENTS DEPARTMENTS.

New Patients and Attendances.

Departments	New Patients	Attendances
Casualty	12,170	37,785
Eye	774	3,517
Orthoptic	136	1,110
Ear, Nose and Throat	798	3,880
Gynæcological	221	1,004
Surgical	798	3,531
Pædiatric	49	518
Orthopædic	515	1,823
Fracture	257	1,420
Cardiac	145	1,073
Medical	224	2,536
Skin	494	2,431
Special	233	809
X-Ray	9,816	11,970
Dental	661	1,923
Physiotherapy	1,498	17,967
Psychiatric	212	7,731
Morning Medical	3,053	13,160
	32,054	114,188

MALE POOR LAW DEPARTMENT.

STATISTICAL TABLES.

STATISTICS FOR THE YEAR TO 31st DECEMBER, 1963.

Number of Inmates at the beginning of the Year	46
Number of Inmates admitted during the Year	42
Number of Inmates at end of the Year	44
Average Number of Inmates resident daily throughout the Year	44

ANNUAL EXPENDITURE ON INMATES AND AVERAGE COST OF EACH INMATE PER WEEK.

	Expenditure on Inmates	Average cost of each Inmate per week.
	£	£ s. d.
Provisions	4,670	2 0 9
Surgery and Dispensary	534	4 8
Domestic	1,285	11 2
Salaries and Wages	7,566	3 5 11
Miscellaneous	10	1
Administration	146	1 3
Establishment, Renewals and Repairs	145	1 3
	£14,356	£6 5 1

SANDYBROOK HOSPITAL AND ANNEXE.

STATISTICAL TABLES.

Statistics for the year to 31st December, 1963.

Number of Patients at the beginning of the Year	102
Number of Patients admitted during the Year	54
Number of Patients at the end of the Year	102
Average Number of Patients resident daily throughout the Year	106

Annual expenditure on Patients and average cost of each Patient per week.

	Expenditure on Patients	Average cost of each Patient per week
	£	£ s. d.
Provisions	9,230	1 13 5
Surgery and Dispensary	1,065	3 11
Domestic	8,976	1 12 6
Salaries and Wages	44,531	8 1 4
Miscellaneous	428	1 7
Administration	435	1 7
Establishment, Renewals and Repairs	1,201	4 4
	£65,866	£11 18 8

ST. SAVIOUR'S HOSPITAL.

Medical Superintendent's Report for the year 1963.

To *The President and Members,*
Committee of Public Health.

I have the honour to present the ninety-fifth Annual Report on the work of the hospital.

The following table shows the changes which have taken place during the year in the number of patients :—

	Male	Female	Total
Number resident on 1st January, 1963	110	141	251
Number admitted during 1963	24	33	57
Number discharged during 1963	11	23	34
Number deceased during 1963	9	11	20
Number resident on 31st December, 1963	114	140	254
Total number under treatment in 1963	134	174	308

Admissions.

There were 57 admissions during 1963, an increase of 7 compared with 1962. Of the 33 women, 18 were new patients, 11 had been in the hospital before, 2 were transferred from Maison de la Martine, and 2 were readmitted from trial discharge. The 24 men included 17 new cases, 6 recurrent cases, and one transfer from Maison de la Martine.

Classification by age and sex	Male	Female
Over 70 years	9	4
50—70 years	7	11
30—50 years	5	12
15—30 years	3	6

Discharged.

34 patients, 11 male and 23 female, were discharged during the year, 7 fewer than in 1962.

	Male	Female	Total
Discharged recovered	2	5	7
Discharged relieved to care of relatives or friends	6	14	20
Discharged unimproved to care of relatives or friends	1	—	1
Discharged to Overdale Hospital geriatric ward	—	2	2
Discharged to Grouville Annexe of Sandybrook Hospital	1	—	1
Discharged to Nursing Home	1	—	1
Transferred to Mental Hospitals in England	—	2	2
Total	11	23	34

The average cost per patient per day was £1 3s. 0d.

Deaths.

20 patients, 9 men and 11 women, died during 1963, 7 more than in 1962. The average age at death was 71 years.

MAISON DE LA MARTINE.

	Boys	Girls	Total
Number resident on 1st January, 1963	9	9	18
Number admitted during 1963	4	1	5
Number discharged during 1963	2	3	5
Number deceased during 1963	—	—	—
Number resident on 31st December, 1963...	11	7	18

Of the admissions, the girl and one boy came on a temporary basis only ; and of the discharges, two older girls and one boy were readmitted to the main hospital. The unit was not free from illness, for an outbreak of mumps laid most of the children low, and one girl underwent an appendicectomy operation. Five of the children who attend the Junior Training Centre enjoyed a week's holiday at St. Peter in May. A major task accomplished during the year was the laying of a new floor which was covered with plastic linoleum, thus brightening the wards considerably. New gas heaters have improved the warmth of the building in winter, and more comfortable chairs have been provided for some of the older children.

CHARGEABILITY.

With the assumption by the States of responsibility for the cost of maintenance of all patients from the beginning of the year, the section of the Annual Report devoted to the chargeability of patients will be omitted in future. The change from the former private and parochial system of accounting has necessitated some minor alterations in the regulations relating to the admission of patients to hospital and those patients who are entitled to Social Security benefits, or their representatives, are now able to receive them.

HEALTH.

Apart from the mild epidemic of mumps which affected the children, there was remarkably little illness of a general nature amongst the patients, considering the severity of the winter, and the majority of those who died were aged persons.

Three patients suffered accidental fractures, two of the thigh and one of the wrist, and three patients required surgical operations which were carried out by Mr. J. G. B. Myles at the General Hospital. Mr. Myles has continued his regular monthly visits which are much appreciated.

The staff attended the Mass Miniature Radiography unit twice during the year, but Dr. Gruchy, who now comes in place of the Medical Officer of Health to screen the patients, was unfortunately unable to complete his task owing to the breakdown of the apparatus.

Mr. A. S. Swain, L.D.S., continued his weekly dental clinic, with Dr. F. G. Maitland as anæsthetist for operative sessions, Miss M. Campbell, M.C.S.P., has attended frequently to give physiotherapy, and Miss Barnfield continues to give the much appreciated chiropody service.

STAFF.

The medical staff remained as in the previous year, with Dr. Collins, the Senior Registrar, spending four afternoons a week at the General Hospital assisting Dr. Fogarty with the psychiatric clinics, in view of the increased attendances, as well as acting as his *locum tenens* during his absence on holiday.

I deeply regret to have to record the sudden death of Dr. Louise O'Meara, Consultant Psychiatrist at the General Hospital until her retirement in 1962. We enjoyed many years of happy co-operation and she will be sadly missed.

Mrs. M. B. Dawson, R.M.N., was appointed Matron to succeed Miss K. Rider, M.B.E., R.M.N. from the beginning of February.

The wards have been adequately staffed with qualified nurses supplemented by nursing assistants, though the situation could well be improved on the male side by the provision of more accommodation for married male staff nurses, a step which is envisaged in the near future.

The staff situation may well become more difficult when coming changes in nursing policy result in the abolition of the grade of nursing assistant, unless a school for State Enrolled Nurses, who will supersede the nursing assistants, is established in the Island.

Suitable domestic staff is as everywhere difficult to find, but the senior and more permanent members contrive somehow to overcome the deficiency, provide attractive meals, cope with the laundry, and keep the place clean.

Of the outdoor staff, we lost through death our Head Gardener, Mr. Stanley Baudains. For 21 years he was a highly valued and most efficient member of the staff, whose conscientious work was to be seen all round the hospital in the high standard of care he devoted to the grounds and gardens. We regret his passing and know how difficult it will be to find a worthy successor.

Retirement.

Matron Miss Kathleen Rider, M.B.E., R.M.N., had almost completed thirty years nursing service with the hospital when she retired at the end of January, 1963. She came as a Staff Nurse in 1933, was later promoted to Sister-in-charge, and eventually to Matron. She held this appointment with conspicuous success until ill-health unfortunately overtook her and brought about her retirement. The merit of her achievements, particularly during the years of the German occupation, was recognized by the award of an M.B.E., in 1954. She was a friend to patients and staff alike, and her last act was to donate her television set for use in the wards.

Divine Service.

Church of England services were conducted at the Hospital on the second Sunday of each month by the chaplain, the Rev. S. R. Knapp, Vicar of Gouray, who also officiated at the communion services. Four female and two male patients were prepared by him for confirmation, and were confirmed by the Bishop of Winchester at a special service held at Gouray Church.

The organ used at the services, a very old one, broke down irreparably, and I am much indebted to Mr. O. Le Q. Mourant who kindly presented in its place an organ in excellent condition.

Father McSherry from St. Martin's Roman Catholic Presbytery attends monthly to celebrate Mass for Catholic patients.

Hymn practices were instituted during the year to improve the standard of the singing.

Occupational Therapy.

Following the appointment of Miss J. Day, M.A.O.T., as Senior Occupational Therapist at the beginning of February, the department has made steady progress. One notable innovation has been the introduction of practical instruction in cooking and baking ; the ladies have their lessons in the kitchen of the male villa and share with the men the dishes they prepare.

For the first time entries in the Handicrafts Section of the Eisteddfod appeared under the patients' own names. Two honours certificates were gained, together with nineteen first-class and thirty-one second-class awards, an increase of ten over last year's record number.

The annual sale of work was held before Christmas and realised over £168.

The Royal Visit.

On the occasion of the visit of Queen Elizabeth the Queen Mother on May 11th, some fifty of the patients were privileged to see her as she halted at the Victoria Cottage Homes. I am very grateful to the Constable of St. Saviour who most kindly extended an invitation to the patients and made it possible for them to attend.

Commonwealth Parliamentary Association—Visit of Delegation from the Isle of Man.

Representatives of the Manx Delegation of the Commonwealth Parliamentary Association, including members of the Isle of Man Board of Health and the Chairman of Ballamona Mental Hospital Committee, visited the hospital during October. They toured the wards, spoke to many patients and inspected all departments. Afterwards they were entertained to luncheon and at the conclusion of their visit expressed themselves as well pleased with all they had seen.

Royal College of Nursing.

The local branch of the Royal College of Nursing held its quarterly meeting at the hospital in April, when the recently appointed Professional Secretary of the College, Mr. K. W. Newstead, S.R.N., R.M.N., S.T.D., addressed the company. This was the first occasion of its kind and will certainly lead to further contacts between the members of the nursing staff of this hospital and the other hospitals in the Island.

Entertainments.

Rediffusion radio was installed in the wards and began to operate in May. It provides alternative sound programmes and is more reliable than the individual radio sets with which the wards were formerly equipped. Pleasant background music is thus often audible in the wards, although, of course, television has the greater appeal for the majority of the patients in the evenings.

The mobile library van pays a weekly visit to the hospital and has its regular quota of clients among staff and patients.

Dramatic entertainment has been in the hands of the Green Room Club and the Young Farmers' Club. The latter brought their annual revue to the hospital in January and the patients were highly delighted with it. Fifty-eight patients went to see the Green Room Club's Easter show in town, and twenty-eight went to the spring play. No fewer than eighty-six enjoyed the pantomime at the Opera House at Christmas time.

There were coach drives during the summer months, and the children from Maison de la Martine, visited the Zoo. Despite the poor weather, cricket, netball and football were played in season on the front field when possible. Whist drives and dances were organised from time to time.

At Christmas there were the usual festivities, preceded by a carol service.

Grounds and Gardens.

The grounds and gardens have been kept in order, the efforts of the staff to maintain the standards set by the late Head Gardener are to be commended.

The value of the garden produce supplied to the institution during the year was estimated at £1,185 0s. 1d., at current prices.

A re-conditioned tractor has been obtained to replace the old one which had been in use for sixteen years.

A number of teak seats, supplied in parts, were assembled in the patients' workshop, and placed around the front field.

Repairs and Upkeep of Buildings.

The severe frosts of the winter of 1962/1963 caused considerable damage from burst pipes and entailed much extra work for the Hospital Engineer and his maintenance staff. Their devotion to duty at that difficult period merits the highest praise. A large day-room on the female side required a new ceiling and had to be redecorated as a result of water damage.

One of the main female dormitories was partitioned in such a way as to afford greater privacy to the occupants, a change in keeping with the modern trend away from institutionalisation.

The exterior of the main building on the south side has been redecorated. The dispensary, too, has been repainted, and a new stainless steel sink unit installed therein. The laundry has also been redecorated.

Other Maintenance and Equipment.

New linoleum was laid in several male dormitories, and in the geriatric female day-room. Thirty-six new hospital bedsteads were obtained and equipped with interior-sprung or plastic foam mattresses to replace the last of the original wooden beds. Three new trolleys were bought for use in the wards at meal time to simplify the serving of food, and a new hot cupboard purchased for the female geriatric ward. There is a new surgical trolley in the male sick ward. Door handles have been fitted to a number of side-rooms in the gradual pursuance of the open door policy.

Heat, Light, Power and Water.

These essential services were efficiently maintained by the Hospital Engineer and his staff, even during the unusually cold winter months.

Repairs were carried out to the water tanks to tide over the interval until the mains water supply can be brought to the hospital.

A new Potterton boiler and tank have been installed in the Nurses' Homes, and six of the staff houses have been wired for power points.

Sewerage.

The Sewerage Board has now taken over the maintenance of the sewage plant, and it is intended to construct an approach road thereto during the coming year to facilitate their task.

It gives me much pleasure once again to record my gratitude to the staff in all departments of the hospital for their willing and loyal service.

I would also place on record my gratitude to the President and Members of the Public Health Committee for their unfailing support and co-operation.

I have the honour to remain,

Your obedient servant,

JOHN WISHART,

B.A., M.B., B.S., M.R.C.S., L.R.C.P., D.P.M.

SANDYBROOK HOSPITAL.

To *The President and Members of the Public Health Committee.*

I have the honour to submit to you my report on Sandybrook Hospital for the year 1963.

Conditions have been greatly eased during the year, due no doubt to the opening of the Grouville Annexe.

The lift—a most essential addition for the benefits of patients and staff alike—which we hope will be installed in 1964 will contribute still further to the easing of conditions.

An appreciable amount of decoration was done in the wards and corridors producing a brighter and fresher atmosphere throughout.

We had the honour and pleasure of a visit from Lady Erskine just prior to her departure from Jersey.

The number of patients who died increased a little but the average age at death was 83 years 3 months.

We are grateful to the Rev. Stievenard for the regular Sunday Services he holds and for his frequent visits during the week; and also to the Rev. E. E. Potts who holds communion once a month.

I must congratulate the Chef and Kitchen Staff for the varied appetising meals provided—the gardeners for their continued care of the grounds—and the Matron and staff for the generally cheerful atmosphere at Sandybrook.

I have the honour also to append statistics for 1963.

Again I record my appreciation of the support and consideration I have received from the President and Members of the Public Health Committee throughout 1963.

I have the honour to be

Your obedient Servant,

J. OLIVER CLYDE,
Visiting Physician.

SANDYBROOK HOSPITAL.

STATISTICAL RETURN FOR THE YEAR TO 31st DECEMBER, 1963.

Number of Patients at beginning of the year	74
Number of Patients admitted during the year	31
Number of Patients discharged during the year	11
Number of Patients who died during the year	19
Number remaining at the end of the year	75

The average age of patients who died was 83 years 3 months.

AMBULANCE SERVICE.

To *The President and Members of the Public Health Committee.*

The report for the year 1963, with the comparative figures for 1962, is as follows :—

	1962	1963
Patients conveyed	8,031	8,468

	1962	1963
Mileage	49,323	54,953
Journeys	9,660	9,494

CLASSIFICATION OF CASES.

	1962	1963
General	2,671	3,173
X-Ray	403	375
Accident	916	1,013
Maternity	88	107
Special Treatment...	3,580	3,421

	1962	1963
Fever	29	30
Mortuary	86	132
Patients by Air...	196	189
Patients by Sea...	62	28

CLASSIFICATION OF ACCIDENTS.

	1962	1963
Involving Motor Cycles and Motor Scooters	67	85
Involving Cars	220	263
In the Home or at Work	173	152
In the Street or on Beaches... ...	97	100

	1962	1963
Collapses	207	255
Minor Injury	94	127
Pedal Cycles	58	31

August was the month with the highest number of Accident Patients treated (142) compared with July in 1962 (138).

	1962	1963
Number of calls between 10 p.m. and 7 a.m.	423	461
Conveyance of visitors...	323	216

In addition to the above figures 897 patients were conveyed to hospital and returned home after treatment, a decrease of 785 on the previous year, by the Voluntary Hospital Car Service.

Transport was arranged with Ambulance Services in England on 16 occasions as compared with 27 in 1962.

30 Escorts were provided from the St. John Ambuiance Brigade (Male and Nursing Divisions) 12 less than the previous year.

H. R. S. POCOCK,
County Commissioner,
St. John Ambulance Brigade.

E. BURBIDGE,
Transport and Liaison Officer.

THE JERSEY MATERNITY HOSPITAL.

During the year 1963, the total number of women delivered at the Jersey Maternity Hospital was 1,186 and the number of booked cases was 616. These figures compare with 982 and 533 for 1961.

	1963	1962
Number of deliveries with medical aid	31	69
Number of deliveries with forceps	73	75
Number of deliveries by doctors	517	519
Number of deliveries by midwives	623	516
Number of deliveries by Cæsarean section	38	56

In addition, there were 8 cases of delivery at home before arrival at the Hospital.

Total number of live births—

	1963	1962
Boys	598	526
Girls	577	554

(including 17 sets of twins)

(*a*) 3 sets males
(*b*) 9 sets females
(*c*) 5 sets male and female

The number of stillbirths was 18 due to the following causes—

Placental insufficiency due to A.P.H.	2 males 1 female
Placental insufficiency due to P.E.T.	1 male 4 females
Prematurity	1 male
Erythroblastosis Fœtalis	1 male
Asphyxia due to compression of cord	2 males 2 females
Anencephalic	1 female
Other causes	1 male 2 females

The number of neo-natal deaths was 8 (5 male and 3 female) due to the following causes—

Atelectasis	2 males
Atelectasis due to placental insufficiency	1 male
Atelectasis due to prematurity	2 males 3 females

The number of congenital abnormalities was 16.

It is with great pleasure that the hospital again reports that no maternal deaths occurred during the year under review.

47 circumcisions were performed at the Hospital and 70 operations for artificial rupture of membranes, and there was one hysterectomy.

Attendances at the Ante-Natal Clinic were—

1963	1962
1,689	1,422

and the number of home visits by Maternity Hospital Nurses was 3,421.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1963.

To The President and Members of the Public Health Committee.

It is my pleasure to present to you the Annual Report for the year 1963 on the working of those departments of your Committee which come under my control or supervision.

General Health

The Vital Statistics for the year indicate that the physical health of the community of Jersey during 1963 was the best within living record.

More live children were born than in any other year of this century, and, what is even more important, more of these children remained alive during their first year of life than ever before. The infant mortality rate was the lowest ever recorded in Jersey.

A disquieting feature, but one in keeping with trends in other countries, was an increase in the percentage (and numbers) of illegitimate babies.

There was no epidemic during the year, and the death rates from the modern lethal diseases, coronary thrombosis and lung cancer, showed no increase but remained at the same high levels as in previous years.

Smoking

Further reports on this subject—the most notable one being the report of the Royal College of Physicians on " Smoking and Health "—were published during the year. All these reports stress the danger of heavy cigarette smoking.

There can be little doubt now about the direct association between heavy cigarette smoking and lung cancer, heart disease, chronic bronchitis and emphysema.

The best way to check smoking is to make sure that the habit is never acquired and our aim should, therefore, be directed towards persuading the teenagers not to take up smoking.

Adults, on the whole, are too old in their addiction to accept any kind of reform—the thing to do, as far as they are concerned, is to try and induce them to cut down their smoking or, better still, to try and persuade them, women as well as men, to give up cigarettes and take to a pipe or cigars.

The small poll carried out by this Department to find out the numbers of smokers and amounts they smoke indicated no change in the smoking habits of the people of Jersey.

A series of experimental anti-smoking clinics were carried out during the latter half of 1963. Initial results were excellent, and over 50% of those who attended gave up smoking completely for a period of one month. At the end of this period it was considered that they had by that time overcome their addiction sufficiently to resist further temptation. Sad to relate a follow-up six months later showed that well over half of them had started smoking again and the most common reason given for re-starting was that they had put on so much weight. The overall results of these clinics is that 20% of the persons who attended had given up smoking and not re-started over a period of six months.

Tuberculosis

The hospital treatment (in-patient and out-patient) of tuberculosis was taken over by the Consultant Chest Physician, Dr. R. Gruchy. His report appears in the text of this Annual Report.

The number of cases of pulmonary tuberculosis found in the Island continues to fall. The figure for 1963 was the lowest on record.

Food Hygiene

Only one case which could be attributed to food poisoning was notified during the year. This very low figure in a community which received and catered for an influx of over 500,000 visitors seems too good to be true and if we allowed ourselves to be lulled into any false state of security we might well be living in a fool's paradise. The situation must be watched very closely indeed, and apprehension must be felt that we have an insufficient number of Sanitary Inspectors to allow this to be properly done.

Legislation to lay down standards of Food Hygiene is on the way and the recruitment of another Sanitary Inspector, who will devote his (or her) entire time to " Food and Drug " inspections is clearly essential.

Fluoridation

The whole question of fluoridation was again considered and further enquiries into the state of the teeth of the children of Jersey were carried out by the Senior Dental Officer of the School Dental Clinic, Mr. I. J. Campbell. His findings indicate that the teeth of school-children on this Island are not as unhealthy as previously feared. Nevertheless, all past studies and trials have indicated that at least a 50% improvement can be expected if the children drink water which has a fluoride content of one part per million.

The water of Jersey contains only a trace of fluoride and there is no doubt whatsoever that the adjustment of this to a level of one part per million will be both safe and beneficial to the children of the Island.

The matter will, it is hoped, be raised again in the near future.

Venereal Diseases

In an annual report for the Island seven years ago—in the year 1956—it was stated that the " Venereal Disease Clinic has now virtually ceased to function ". In the following year the Clinic was discontinued through lack of work, for only four new cases of venereal disease were seen throughout the whole of 1957. In 1961 Dr. Bentlif (Senior Physician and Dermo-venereologist of the General Hospital) considered from his observations that venereal disease had increased sufficiently to justify the re-opening of the Clinic, and this was done in 1961. Since that time—in 3 years—the new cases of venereal disease seen at the Special Clinic of the General Hospital have more than doubled.

Although we may take some satisfaction from the knowledge that up to the present nearly all our cases are " imported " it is quite clear that it is only a question of time before we can expect a level of infection amongst the Jersey population.

Dr. Bentlif's report appears in the text of this Report.

Mass Miniature Radiography

The old 70 mm. Schonander X-ray machine, which had been in use in the M.M.R. Centre for the past 10 years, was replaced by a new modern one. The old machine is being kept as a standby.

The M.M.R. Centre has continued to function busily and efficiently throughout the year. Most of the credit for the success of this Centre must go to the staff—Mrs. L. Dupré, radiographer, and Mrs. F. Hebden, clerk.

14,952 X-ray pictures were taken and 14,491 people attended. Although these figures represent a fair attendance rate we cannot be entirely satisfied and more propaganda and publicity are necessary to encourage still more people to attend.

Welfare of the Aged.

Mrs. M. Gray commenced duties as a Social Welfare Worker with the Public Health Department in July, 1963. This is the first appointment of this kind in Jersey and was very much overdue. The duties of the Social Welfare Worker will be mostly concerned with the supervision and organisation of the boarding-out and welfare of old persons. This problem of the welfare of the aged and infirm in Jersey is an ever-increasing one and more staff and money in a few years will almost certainly be necessary.

Speech Therapy

At the beginning of the year a one-day weekly speech therapy clinic was held in Jersey and this was conducted by Mrs. E. Le M. Mitchell, who travelled from Guernsey. This weekly clinic provoked such a demand that it became obvious that a full-time speech therapist for Jersey was needed. The post was filled on 2nd June, 1963, and the report of the Speech Therapist which appears in the text of this Report shows the scope of the work involved and the achievements in this very important field.

Crematorium

In only its second year of operation the crematorium has been used 175 times. This is an increase of 32 over the previous year. Expressed as a percentage the figures mean that just over 20% of deaths were cremated. This figure has exceeded our expectation and it can be regarded as an indication that this form of disposal is being accepted with growing preference by the general public.

It is hoped that a second cremator, for which plans had been made at the time of the building of the crematorium, will be installed next year.

The beauty of the grounds of the crematorium continues to attract sightseers and much credit for the success of this Unit must go to the diligence and interest shown by the Superintendent and his assistant.

Staff

I took up the duties of Medical Officer of Health on the 1st July, 1963, when my predecessor, Dr. A. S. Darling, left Jersey to fill an appointment as Medical Officer of Health to the Hyde Borough in Cheshire. Dr. Darling, except for a four-year break, had been a doctor in Jersey since 1939. He was, during the Occupation, the only resident doctor at the General Hospital and his work during those trying times will long be remembered by the people of Jersey. After a short break he returned to the Island as its first Deputy Medical Officer of Health in 1949 and eventually became

Medical Officer of Health in 1958. There can be few doctors with a deeper or more intimate knowledge of all facets of the medical problems of this Island and his going leaves a gap which, I fear, will take many years to fill.

The post of Deputy Medical Officer of Health became vacant on 1st July and was eventually filled by Dr. M. Murphy on 19th August, 1963. Dr. Murphy has recently worked and studied in a Children's Hospital in Dublin and the knowledge he obtained there will, I am sure, stand him in good stead in his work with the schoolchildren of Jersey.

Acknowledgments

I would like to bring to your attention the many services provided by voluntary workers on this Island. They are far too numerous to name individually, but the work they do is invaluable and it is hard to see how many of this Island's Social Services could be run without them.

I also wish to thank all members of my staff for their loyalty and efforts throughout the year. In particular, I would like to thank my Chief Clerk, Mr. L. Simon, who has been largely responsible for compiling and presenting the statistical material for this Report.

Lastly, I wish to acknowledge the support and help given to me by yourself and the members of your Committee since taking up my appointment.

W. WILLIAMS,

Medical Officer of Health.

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VITAL STATISTICS.

Area (acres)	28,717
Population (estimated mid-year)	61,500
Number of persons per acre	2
Marriage rate per 1,000 estimated population	18.9
Deaths	849
Death rate per 1,000 estimated population	13.8
Comparability factor	0.89
Standardised death rate	12.3
Live births	1,282
Live birth rate per 1,000 estimated population	20.8
Stillbirths	18
Stillbirth rate per 1,000 live and stillbirths	13.9
Total live and stillbirths	1,300
Infant deaths	22
Infant mortality rate per 1,000 live births (total)	17.2
Infant mortality rate per 1,000 live births (legitimate)	17.7
Infant mortality rate per 1,000 live births (illegitimate)	10.3
Neo-natal mortality rate per 1,000 live births	10.9
Illegitimate live births per cent of total live births	7.6
Maternal deaths	—
Maternal mortality rate per 1,000 live and stillbirths	—
Malignant disease (cancer) (all forms) mortality rate per 1,000 estimated population	2.6
Tuberculosis (all forms) mortality rate per 1,000 estimated population	0.02

The Population.

The estimated mid-year resident population was 61,500 ; made up of 29,600 males and 31,900 females.

This figure has been calculated by taking the number of persons enumerated and resident in Jersey at the time of the 1961 census and adding to it the births and subtracting from it the deaths that have taken place in the Island since that time.

We have then added to these totals the approximate number of Jersey residents who we estimate might be out of the Island at one given time. This figure in 1961 was, according to the Registrar General's Office, about 400 males and 450 females. For our calculations we have used the numbers 394 males and 430 females in order to bring our totals to the nearest round numbers.

1963 Estimated Population.

	Male	Female	Total
Resident population 1961 Census ...	28,675	30,835	59,510
Births 1961, 1962, 1963	1,774	1,780	3,554
	30,449	32,615	63,064
Deaths 1961, 1962, 1963...	1,243	1,145	2,388
	29,206	31,470	60,676
Estimated No. of Jersey residents enumerated in the U.K. at the 1961 Census	394	430	824
Estimated population 1963	29,600	31,900	61,500

These figures do not take into account migration and we have no method of finding out, or even estimating, the number of migrants to and from the Island each year. It might well be that the movement of population at the present time is more than we imagine.

The Marriage Rate.

There were 582 marriages during 1963 giving a marriage rate (persons married per 1,000 estimated population) of 18.9 as against 19.8 last year.

Births.

There were 1,282 live births (661 males and 621 females) in Jersey in 1963. This is the highest number of births since the year 1897—65 years ago.

Of these 1,282 live births, 1,235 were born in St. Helier and 47 in the country parishes.

1,178 (or 92%) were born in the Jersey Maternity Hospital ; 55 in nursing homes, and only 49 at home.

It is very pleasing to record such a high percentage of babies born in the hospital or maternity homes where special apparatus and skilled help is always available to deal with that odd emergency that may crop up during or after delivery.

The details of where these new births are placed in the family are:—

Position in Family	Male				Female				Total
	Full-term		Premature		Full-term		Premature		
	Leg.	Illeg.	Leg.	Illeg.	Leg.	Illeg.	Leg.	Illeg.	
1st	222	35	14	6	205	33	22	1	538
2nd	192	6	8	—	161	5	8	1	381
3rd	87	4	1	—	83	2	9	—	186
4th	42	1	2	—	44	—	4	—	93
5th–11th ...	38	1	2	—	39	2	2	—	84
Total ...	581	47	27	6	532	42	45	2	1,282

These figures include babies born in Jersey to non-residents, but do not include those born to Jersey residents out of the Island. Notifications have been received indicating that 13 mothers with a permanent address in Jersey were delivered of their babies on the mainland. 12 were live births and 1 was a stillbirth, at least 4 of which were illegtimate. One of these babies died in England. The number of babies born to non-residents has not been recorded.

Birth Rates.

Our 1,282 live births in 1963 represents a crude birth rate of 20.8 per 1,000 estimated population. This is the highest for 60 years—since 1903.

The birth rate in 1962 was 19.8 per 1,000 and the trend since 1955 has been upward. This is demonstrated by the following graph* which shows the variations in the birth rate since 1938.

79 out of the 1,282 live births were illegitimate. This represents a percentage of 7.6 which is an increase over 1962, when the percentage was 5.9. The trend of increasing illegitimacy over the past five years is shown as follows:—

Year	No. of illegitimate Births	% of all live Births
1959	32	3.4
1960	51	4.9
1961	62	5.7
1962	70	5.9
1963	97	7.6

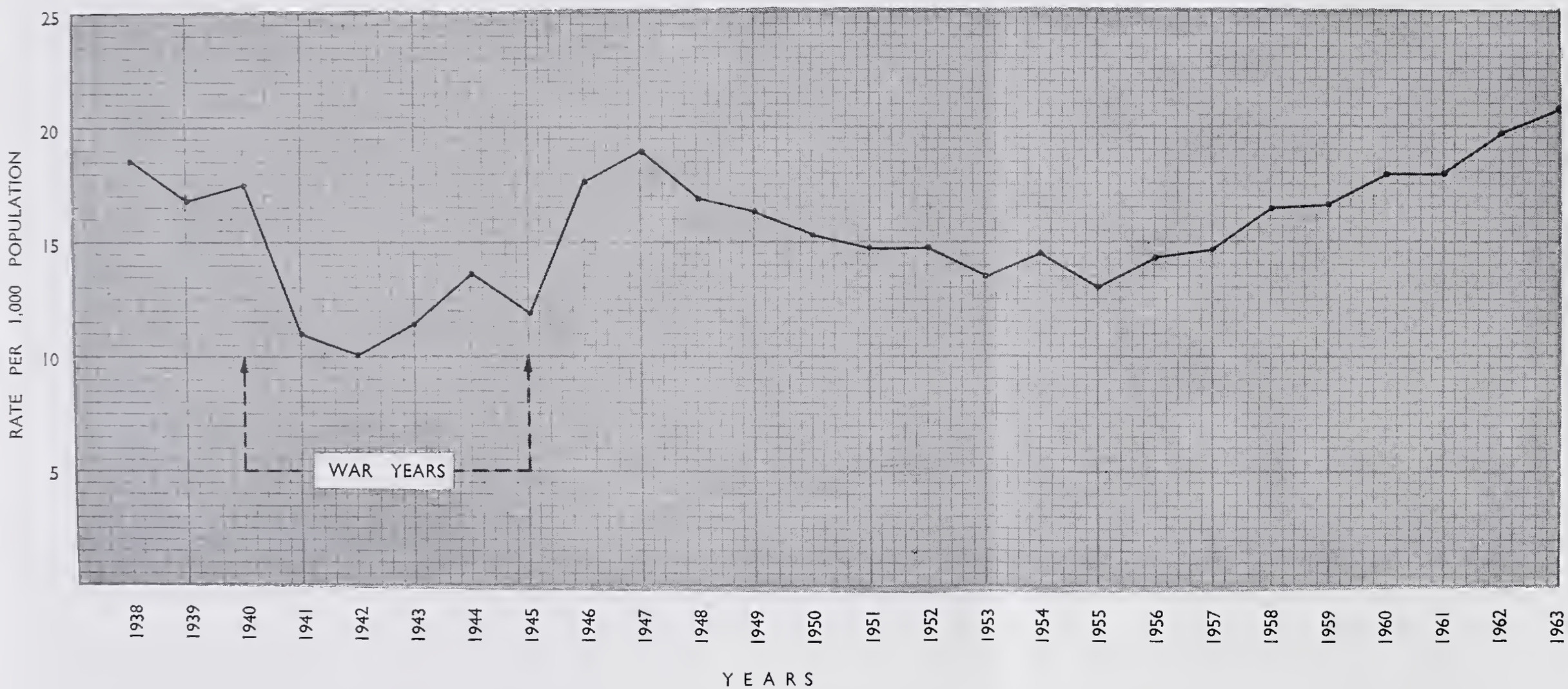
Stillbirths.

There were 18 stillbirths in 1963 representing a stillbirth rate of 13.9 per 1,000 total births (live and still).

Stillbirths were first made notifiable in 1951 and since that time the stillbirth rate, although subject to chance variation from year to year, has remained on a fairly steady level with no apparent upward or downward trend.

* See next page.

LIVE BIRTHS (PER 1,000 POPULATION) 1938 — 1963



Deaths.

There were 849 deaths registered in Jersey during the year, 442 males and 407 females. This gives a crude death rate of 13.8 per 1,000 estimated population as compared with a crude death rate of 11.9 in 1962.

The standardised death rate for 1963 was 12.3 as against 10.4 in 1962 and 11.6 in 1961. The standardised death rate is the death rate we would have had in Jersey if our population had the same age and sex distribution as the population of England and Wales.

The percentage of total deaths occurring at ages 65 and upwards was 63.3 for males and 77.1 for females ; at ages 75 and upward 38.9 for males and 58.0 for females.

The average age at death was 67 for males and 73 for females.

These mortality figures include deaths of visitors to the Island but do not include Jersey residents who have died when away from Jersey. This discrepancy has so far been unavoidable because the home address of the deceased is not shown on the present form of our death certificate. It is hoped in the near future, to include this important detail which will then allow deaths to be allocated to the community from which they arise by the system of " transfer in and out " to and from the respective Medical Officers of Health on the mainland.

Infant Mortality.

There were 22 infant deaths (under 12 months of age) during 1963—16 males and 6 females.

This gives an infant death rate of 17.2 per 1,000 live births which is the lowest ever recorded in Jersey.

The deaths were distributed as follows :—

Under 7 days	12
7—28 days	2
1—3 months	4
3 months to 1 year ...	4

The neo-natal deaths, or deaths within the first four weeks of life, number 14 or 64% of the deaths in the first year. This is a neo-natal death rate of 10.9 per 1,000 live births as against 16.9 in 1962 and 15.7 in 1961. Of these deaths 6 or 43% were attributed to prematurity.

Peri-Natal Mortality.

The peri-natal mortality rate (the number of stillbirths plus the number of deaths in the first week of life per 1,000 total births) is being increasingly used in medical statistics. The peri-natal rate gives a truer picture of the hazards of pregnancy and childbirth in that the deaths in the first week of life together with stillbirths most often arise from conditions encountered during pregnancy and parturition.

The peri-natal rate for Jersey in 1963 was 23.1 and this is the lowest rate since records were first kept in 1951. The peri-natal death rate in 1962 was 33.0 per 1,000.

Maternal Mortality.

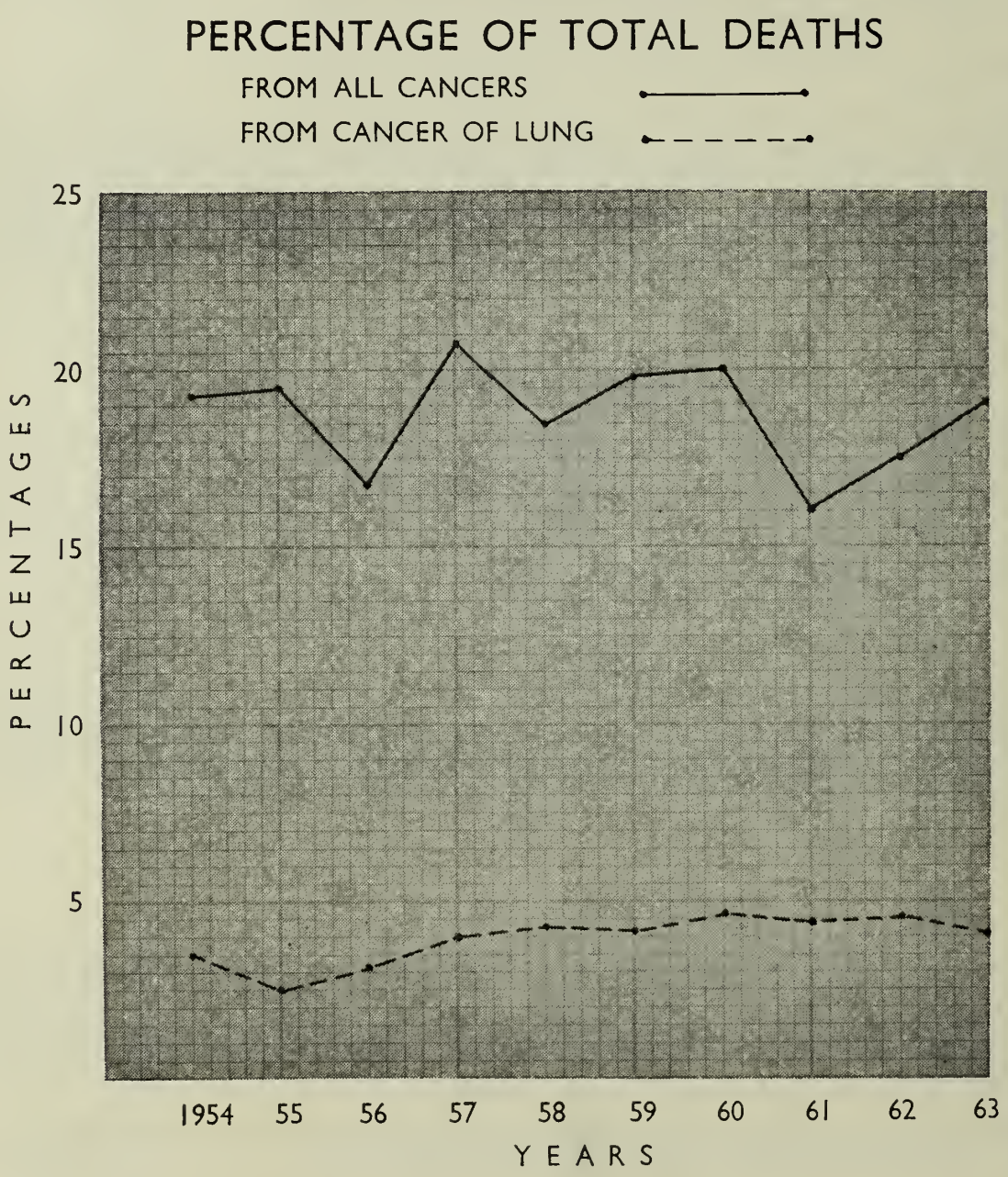
There were no maternal deaths during the year. The last maternal death was in 1959.

Deaths from Cancer.

162 people (89 males and 73 females) died of cancer in Jersey, which gives a rate of 263 deaths per 100,000 of the population as compared with 210 per 100,000 in 1962.

The average age at death from cancer was 68 for males and 67 for females.

Cancer deaths constituted 19.1% of all deaths and this percentage has not varied outside the limits of chance in the last 10 years as seen in the following graph.



Cancer of the lung caused 33 deaths (28 males and 5 females). The average age at death was 66 for males and 71 for females. They constituted 20.4% of all deaths from cancer and 3.9% of total deaths. These percentages have not varied outside natural range over the past 10 years as seen in the graph.

Analysis of all deaths from malignant tumours in Jersey in 1963 :—

	Male	Female	Total
Buccal cavity and pharynx	3	—	3
Oesophagus	2	2	4
Stomach	12	10	22
Intestine, except rectum	5	14	19
Rectum	5	4	9
Larynx	2	1	3
Trachea, bronchus and lung	28	5	33
Breast	—	11	11
Cervix uteri	—	5	5
Other and unspecified parts of uterus	—	1	1
Prostate	10	—	10
Skin	1	—	1
Bone and connective tissue	1	—	1
All other and unspecified sites	14	18	32
Leukaemia and aleukaemia	1	1	2
Lymphosarcoma and other neoplasms of lymphatic and hæmotopoietic system	5	1	6
	89	73	162

Motor Vehicle Accidents.

Three persons (1 male and 2 females) died following motor accidents. The average age was 66—the youngest was 39 and the oldest 82.

All other Accidents.

21 persons (13 males, 8 females) were killed by accidents in 1963. This compares with 34 in 1962 and 32 in 1961.

The types of accidents (motor vehicle accidents excepted) were :—

Falls	12
Burns	3
Drowning	2
Coal gas poisoning	1
Alcoholic poisoning	1
Barbiturate poisoning	1
Carbon monoxide poisoning	1

The average age of these violent deaths was 56—the youngest was 20 and the oldest 94. It is good to see that no children died as a result of accidents during the year. In fact 28.6% of accidental deaths occurred in persons of 75 years of age and over, who make up only 5% of the total population of the Island.

Suicides.

There were 11 successful suicides during the year—3 males and 8 females. This is a great improvement on 1962 when there were 20 suicides.

The suicide rate for Jersey taken over the last 10 years has been about twice that of the overall average for England and Wales, and over twice that of our neighbouring Island of Guernsey. Concern must be felt about this abnormally high rate of suicide and further enquiry into the possible factors involved is being made.

The forms of suicide were :—

Coal gas poisoning	6
Barbiturate poisoning	3
Hanging	2

The average age was 49—the youngest was 26 and the oldest 68 years of age.

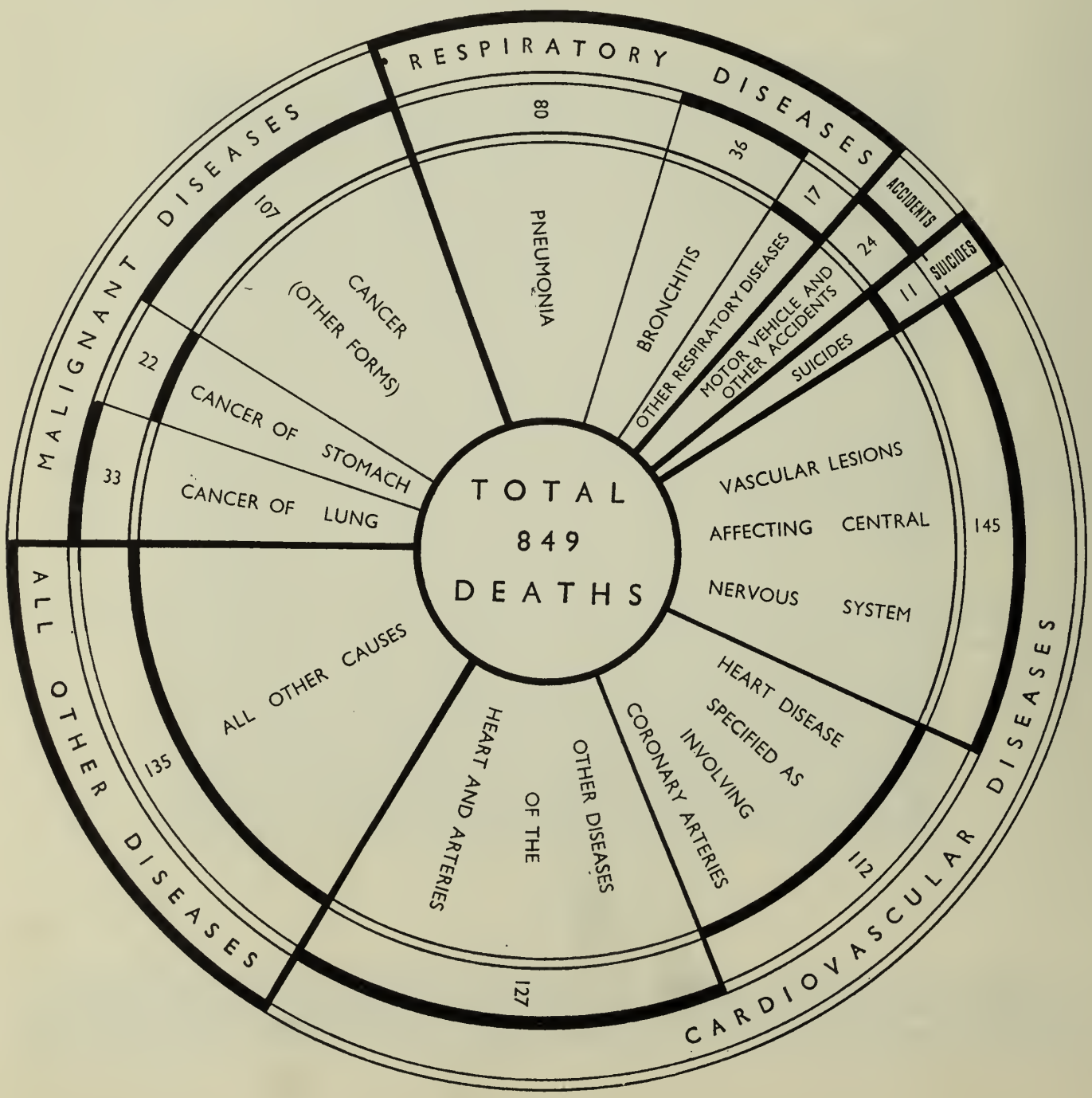


TABLE I.

Deaths (exclusive of foetal deaths) cross-classified by cause, sex and age : latest available year, 1963.

Abbreviated List No. (1)	Abbreviated List of 50 Causes for Tabulation of Mortality (Sixth (1948) Revision of the International Lists of Diseases and Causes of Death). (2)	MALE All ages (3)	Under 1 year (4)	1—4 years (5)	5—9 years (6)	10—14 years (7)	15—19 years (8)	20—24 years (9)	25—29 years (10)	30—34 years (11)	35—39 years (12)	40—44 years (13)	45—49 years (14)	50—54 years (15)	55—59 years (16)	60—64 years (17)	65—69 years (18)	70—74 years (19)	75 years and over (20)	Age not stated (21)	Abbreviated List No.
	All causes	442	16	1	1	—	—	2	3	3	2	11	12	21	42	48	50	58	172	—	
B 1	Tuberculosis of respiratory system	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	B 1
B 2	Tuberculosis, other forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 2
B 3	Syphilis and its sequelae	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 3
B 4	Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 4
B 5	Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 5
B 6	Dysentery, all forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 6
B 7	Scarlet fever and streptococcal sore throat	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 7
B 8	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 8
B 9	Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 9
B 10	Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 10
B 11	Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 11
B 12	Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 12
B 13	Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 13
B 14	Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 14
B 15	Typhus and other rickettsial diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 15
B 16	Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 16
B 17	Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 17
B 18	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	89	—	—	—	—	—	—	—	1	—	1	4	4	11	13	10	17	28	—	B 18
B 19	Benign and unspecified neoplasms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 19
B 20	Diabetes mellitus	4	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	2	—	B 20
B 21	Anaemias	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	B 21
B 22	Vascular lesions affecting central nervous system	64	—	—	—	—	—	—	—	—	—	—	1	3	5	6	10	10	29	—	B 22
B 23	Nonmeningococcal meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 23
B 24	Rheumatic fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 24
B 25	Chronic rheumatic heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 25
B 26	Arteriosclerotic and degenerative heart disease	87	—	—	—	—	—	—	—	—	1	3	2	7	13	12	13	11	25	—	B 26
B 27	Other diseases of heart	10	—	—	—	—	—	—	—	—	—	1	—	—	1	1	2	1	4	—	B 27
B 28	Hypertension with heart disease	4	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	2	—	B 28
B 29	Hypertension without mention of heart	6	—	—	—	—	—	—	—	—	—	—	2	—	1	—	1	—	2	—	B 29
B 30	Influenza	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	B 30
B 31	Pneumonia	42	3	1	—	—	—	—	—	—	—	2	—	—	1	4	4	5	22	—	B 31
B 32	Bronchitis	27	1	—	—	—	—	—	—	—	—	—	1	1	1	5	3	4	11	—	B 32
B 33	Ulcer of stomach and duodenum	4	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	—	B 33
B 34	Appendicitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 34
B 35	Intestinal obstruction and hernia	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	B 35
B 36	Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	B 36
B 37	Cirrhosis of liver	4	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	—	1	—	B 37
B 38	Nephritis and nephrosis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	B 38
B 39	Hyperplasia of prostate	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	5	—	B 39
B 40	Complications of pregnancy, childbirth and the puerperium																				B 40
B 41	Congenital malformations	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 41
B 42	Birth injuries, postnatal asphyxia and atelectasis	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 42
B 43	Infections of the newborn	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 43
B 44	Other diseases peculiar to early infancy, and immaturity unqualified	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B 44
B 45	Senility without mention of psychosis, ill-defined and unknown causes	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	18	—	B 45
B 46	All other diseases (Residual)	38	—	—	—	—	—	—	—	1	—	1	1	2	5	5	4	4	15	—	B 46
BE 47	Motor vehicle accidents	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	BE 47
BE 48	All other accidents	13	1	—	—	—	—	2	2	—	—	1	1	1	1	—	1	—	3	—	BE 48
BE 49	Suicide and self-inflicted injury	3	—	—	—	—	—	—	—	—	—	1	—	—	2	—	—	—	—	—	BE 49
BE 50	Homicide and operations of war	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	BE 50

TABLE I (*continued*).

Deaths (exclusive of foetal deaths) cross-classified by cause, sex and age: latest available year, 1963.

Abbreviated List No. (1)		Abbreviated List of 50 Causes for Tabulation of Mortality (Sixth (1948) Revision of the International Lists of Diseases and Causes of Death). (2)	FEMALE All ages (3)	Under 1 year (4)	1—4 years (5)	5—9 years (6)	10—14 years (7)	15—19 years (8)	20—24 years (9)	25—29 years (10)	30—34 years (11)	35—39 years (12)	40—44 years (13)	45—49 years (14)	50—54 years (15)	55—59 years (16)	60—64 years (17)	65—69 years (18)	70—74 years (19)	75 years and over (20)	Age not stated (21)	Abbreviated List No.	
		All causes	407	6	3	1	—	1	1	3	—	3	3	7	18	17	30	34	44	236	—		
B	1	Tuberculosis of respiratory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	1
B	2	Tuberculosis, other forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	2
B	3	Syphilis and its sequelae	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	3
B	4	Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	4
B	5	Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	5
B	6	Dysentery, all forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	6
B	7	Scarlet fever and streptococcal sore throat	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	7
B	8	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	8
B	9	Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	9
B	10	Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	10
B	11	Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	11
B	12	Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	12
B	13	Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	13
B	14	Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	14
B	15	Typhus and other rickettsial diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	15
B	16	Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	16
B	17	Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	17
B	18	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	73	—	1	1	—	—	—	1	—	2	2	1	7	5	7	11	7	28	—	B	18
B	19	Benign and unspecified neoplasms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	19
B	20	Diabetes mellitus	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	B	20
B	21	Anaemias	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	B	21
B	22	Vascular lesions affecting central nervous system	81	—	—	—	—	—	—	—	—	—	—	1	5	1	3	7	10	54	—	B	22
B	23	Nonmeningococcal meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	23
B	24	Rheumatic fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	24
B	25	Chronic rheumatic heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	25
B	26	Arteriosclerotic and degenerative heart disease	68	—	—	—	—	—	1	—	—	—	—	1	1	3	4	2	8	48	—	B	26
B	27	Other diseases of heart	6	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	3	—	B	27
B	28	Hypertension with heart disease	7	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	4	—	B	28
B	29	Hypertension without mention of heart	7	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	1	3	—	B	29
B	30	Influenza	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	B	30
B	31	Pneumonia	38	2	—	—	—	1	—	—	—	—	—	—	1	—	4	6	5	19	—	B	31
B	32	Bronchitis	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	8	—	B	32
B	33	Ulcer of stomach and duodenum	3	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	1	—	—	B	33
B	34	Appendicitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	34
B	35	Intestinal obstruction and hernia	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	B	35
B	36	Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	36
B	37	Cirrhosis of liver	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	B	37
B	38	Nephritis and nephrosis	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	B	38
B	39	Hyperplasia of prostate																				B	39
B	40	Complications of pregnancy, childbirth and the puerperium	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	40
B	41	Congenital malformations	3	1	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	B	41
B	42	Birth injuries, postnatal asphyxia and atelectasis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	42
B	43	Infections of the newborn	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	43
B	44	Other diseases peculiar to early infancy, and immaturity unqualified	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	B	44
B	45	Senility without mention of psychosis, ill-defined and unknown causes	35	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	33	—	B	45
B	46	All other diseases (Residual)	44	—	—	—	—	—	—	—	—	—	—	3	2	2	5	4	5	23	—	B	46
BE	47	Motor vehicle accidents	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	BE	47
BE	48	All other accidents	8	—	—	—	—	—	—	—	—	—	—	1	1	—	1	2	—	3	—	BE	48
BE	49	Suicide and self-inflicted injury	8	—	—	—	—	—	—	2	—	1	1	—	1	1	1	1	—	—	—	BE	49
BE	50	Homicide and operations of war	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	BE	50

TABLE II.

Deaths (exclusive of foetal deaths) cross-classified by cause and sex : latest available years, 1959 to 1963.

Abbreviated List No. (1)		Abbreviated List of 50 Causes for Tabulation of Mortality (Sixth (1948) Revision of the International Lists of Diseases and Causes of Death). (2)	1959			1960			1961			1962			1963		
			Both sexes (3)	Male (4)	Female (5)	Both sexes (6)	Male (7)	Female (8)	Both sexes (9)	Male (10)	Female (11)	Both sexes (12)	Male (13)	Female (14)	Both sexes (15)	Male (16)	Female (17)
		All causes	731	392	339	790	397	393	825	437	388	714	363	351	849	442	407
B	1	Tuberculosis of respiratory system	5	3	2	5	5	—	3	2	1	2	2	—	1	1	—
B	2	Tuberculosis, other forms	—	—	—	1	1	—	1	1	—	1	—	1	—	—	—
B	3	Syphilis and its sequelae	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—
B	4	Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B	5	Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B	6	Dysentery, all forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B	7	Scarlet fever and streptococcal sore throat	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B	8	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B	9	Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B	10	Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B	11	Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B	12	Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B	13	Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B	14	Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B	15	Typhus and other rickettsial diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B	16	Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B	17	Other infective and parasitic diseases	—	—	—	2	2	—	2	1	1	3	2	1	—	—	—
B	18	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	145	81	64	158	83	75	129	73	56	127	67	60	162	89	73
B	19	Benign and unspecified neoplasms	2	1	1	—	—	—	1	—	1	—	—	—	—	—	—
B	20	Diabetes mellitus	6	2	4	5	3	2	5	3	2	6	2	4	7	4	3
B	21	Anaemias	2	1	1	5	2	3	4	2	2	3	2	1	2	1	1
B	22	Vascular lesions affecting central nervous system	95	37	58	122	37	85	110	40	70	112	39	73	145	64	81
B	23	Nonmeningococcal meningitis	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—
B	24	Rheumatic fever	—	—	—	3	3	—	2	2	—	—	—	—	—	—	—
B	25	Chronic rheumatic heart disease	7	5	2	3	1	2	3	2	1	1	1	—	—	—	—
B	26	Arteriosclerotic and degenerative heart disease	161	93	68	154	84	70	144	85	59	154	87	67	155	87	68
B	27	Other diseases of heart	9	7	2	19	7	12	25	11	14	9	4	5	16	10	6
B	28	Hypertension with heart disease	13	7	6	13	6	7	21	11	10	8	2	6	11	4	7
B	29	Hypertension without mention of heart	21	9	12	16	8	8	11	5	6	8	4	4	13	6	7
B	30	Influenza	3	2	1	4	2	2	9	3	6	—	—	—	3	1	2
B	31	Pneumonia	50	26	24	35	20	15	63	37	26	45	22	23	80	42	38
B	32	Bronchitis	19	16	3	19	12	7	26	16	10	24	18	6	36	27	9
B	33	Ulcer of stomach and duodenum	7	5	2	7	5	2	10	8	2	2	2	—	7	4	3
B	34	Appendicitis	2	1	1	2	2	—	1	1	—	—	—	—	—	—	—
B	35	Intestinal obstruction and hernia	3	1	2	6	3	3	5	1	4	5	2	3	2	1	1
B	36	Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn	4	2	2	3	—	3	4	—	4	—	—	—	3	3	—
B	37	Cirrhosis of liver	7	1	6	5	4	1	9	6	3	15	5	10	6	4	2
B	38	Nephritis and nephrosis	5	3	2	13	7	6	8	5	3	5	2	3	3	1	2
B	39	Hyperplasia of prostate	13	13		3	3		11	11		1	1		6	6	
B	40	Complications of pregnancy, childbirth and the puerperium	1		1	—		—	—		—	—		—	—		—
B	41	Congenital malformations	3	2	1	8	6	2	11	3	8	10	7	3	4	1	3
B	42	Birth injuries, postnatal asphyxia and atelectasis	1	1	—	3	3	—	5	3	2	5	4	1	4	4	—
B	43	Infections of the newborn	1	1	—	1	1	—	1	1	—	—	—	—	1	—	1
B	44	Other diseases peculiar to early infancy, and immaturity unqualified	9	4	5	17	11	6	9	5	4	9	2	7	7	5	2
B	45	Senility without mention of psychosis, ill-defined and unknown causes	35	15	20	48	16	32	46	16	30	34	14	20	56	21	35
B	46	All other diseases (Residual)	51	19	32	71	33	38	88	39	49	67	39	28	82	38	44
BE	47	Motor vehicle accidents	12	9	3	7	6	1	10	9	1	4	—	4	3	1	2
BE	48	All other accidents	27	17	10	19	12	7	32	23	9	34	20	14	21	13	8
BE	49	Suicide and self-inflicted injury	8	5	3	13	9	4	14	10	4	20	13	7	11	3	8
BE	50	Homicide and operations of war	3	2	1	—	—	—	—	—	—	—	—	—	2	1	1

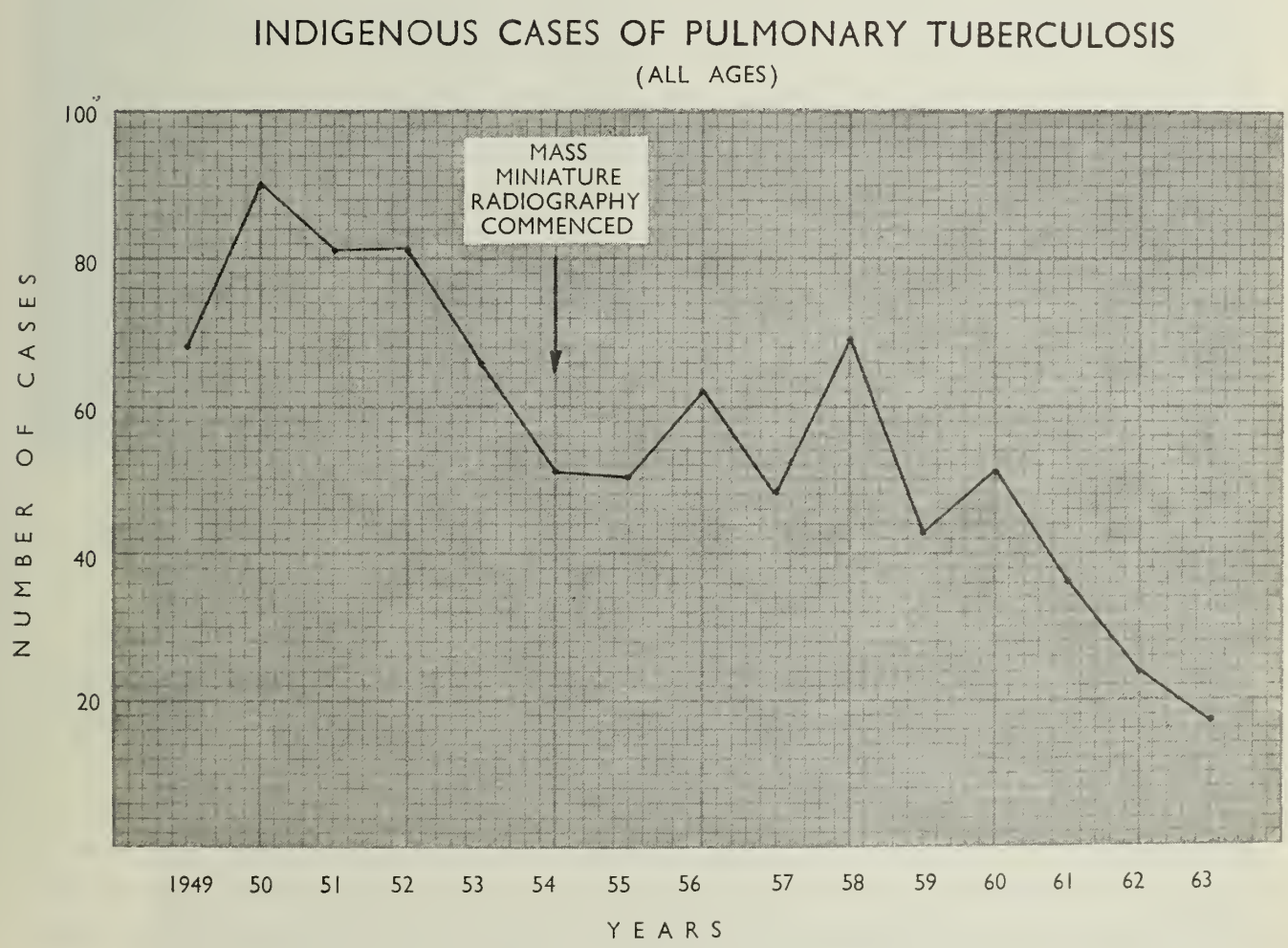
TABLE III.

Deaths (exclusive of foetal deaths) cross-classified by cause and type of certification : latest available year, 1963.

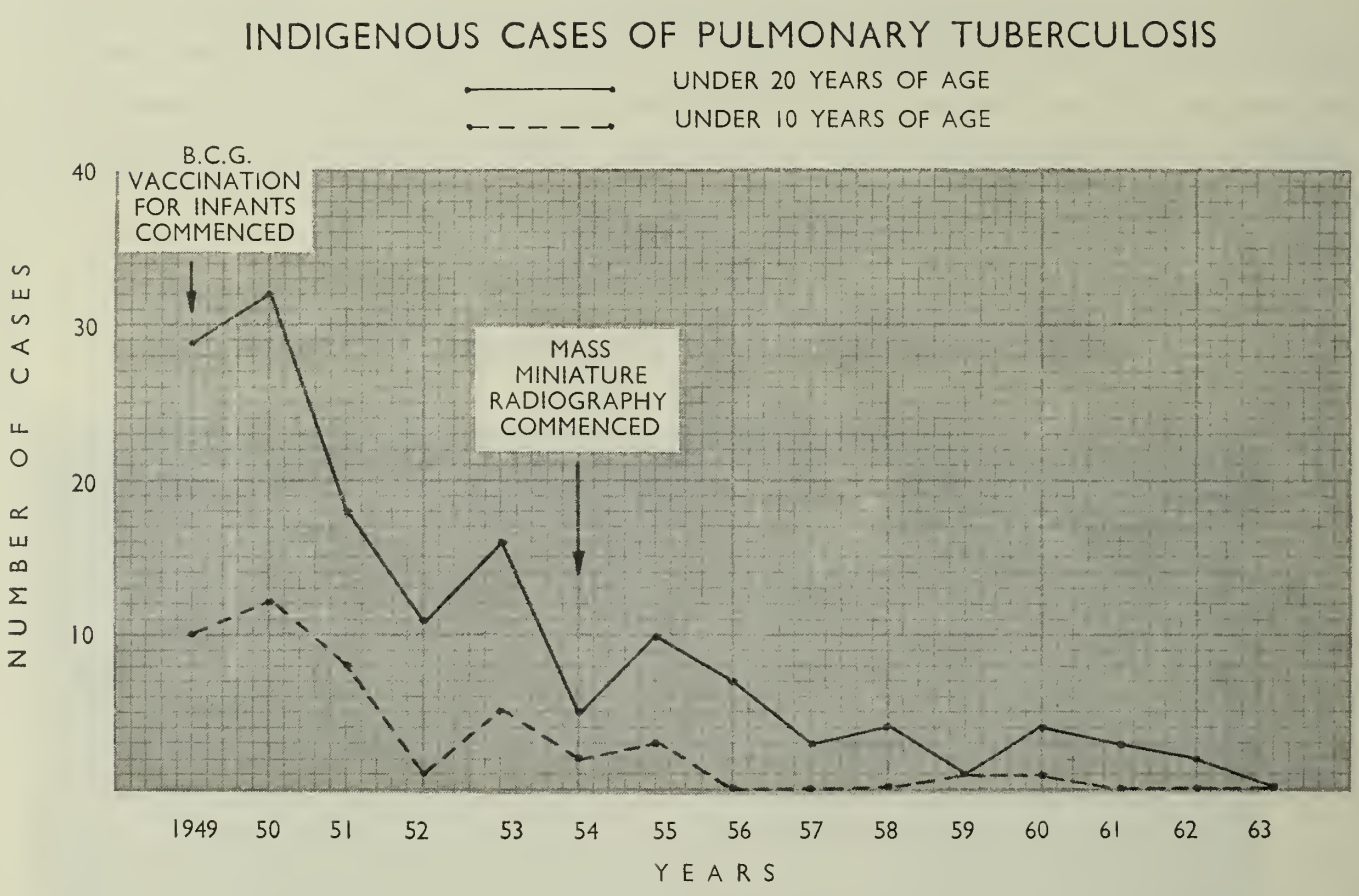
Abbreviated List No. (1)		Abbreviated List of 50 Causes for Tabulation of Mortality (Sixth (1948) Revision of the International Lists of Diseases and Causes of Death). (2)	Type of Certification: Total (3)	Medical (4)	Other (5)	Not Stated (6)
		All causes	849	727	122	—
B	1	Tuberculosis of respiratory system	1	1	—	—
B	2	Tuberculosis, other forms	—	—	—	—
B	3	Syphilis and its sequelae	—	—	—	—
B	4	Typhoid fever	—	—	—	—
B	5	Cholera	—	—	—	—
B	6	Dysentery, all forms	—	—	—	—
B	7	Scarlet fever and streptococcal sore throat	—	—	—	—
B	8	Diphtheria	—	—	—	—
B	9	Whooping cough	—	—	—	—
B	10	Meningococcal infections	—	—	—	—
B	11	Plague	—	—	—	—
B	12	Acute poliomyelitis	—	—	—	—
B	13	Smallpox	—	—	—	—
B	14	Measles	—	—	—	—
B	15	Typhus and other rickettsial diseases	—	—	—	—
B	16	Malaria	—	—	—	—
B	17	Other infective and parasitic diseases	—	—	—	—
B	18	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	162	160	2	—
B	19	Benign and unspecified neoplasms	—	—	—	—
B	20	Diabetes mellitus	7	7	—	—
B	21	Anaemias	2	2	—	—
B	22	Vascular lesions affecting central nervous system	145	130	15	—
B	23	Nonmeningococcal meningitis	—	—	—	—
B	24	Rheumatic fever	—	—	—	—
B	25	Chronic rheumatic heart disease	—	—	—	—
B	26	Arteriosclerotic and degenerative heart disease	155	120	35	—
B	27	Other diseases of heart	16	16	—	—
B	28	Hypertension with heart disease	11	10	1	—
B	29	Hypertension without mention of heart	13	9	4	—
B	30	Influenza	3	3	—	—
B	31	Pneumonia	80	71	9	—
B	32	Bronchitis	36	34	2	—
B	33	Ulcer of stomach and duodenum	7	5	2	—
B	34	Appendicitis	—	—	—	—
B	35	Intestinal obstruction and hernia	2	2	—	—
B	36	Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn	3	3	—	—
B	37	Cirrhosis of liver	6	5	1	—
B	38	Nephritis and nephrosis	3	2	1	—
B	39	Hyperplasia of prostate	6	5	1	—
B	40	Complications of pregnancy, childbirth and the puerperium	—	—	—	—
B	41	Congenital malformations	4	3	1	—
B	42	Birth injuries, postnatal asphyxia and atelectasis	4	4	—	—
B	43	Infections of the newborn	1	1	—	—
B	44	Other diseases peculiar to early infancy, and immaturity unqualified	7	7	—	—
B	45	Senility without mention of psychosis, ill-defined and unknown causes	56	56	—	—
B	46	All other diseases (Residual)	82	70	12	—
BE	47	Motor vehicle accidents	3	—	3	—
BE	48	All other accidents	21	1	20	—
BE	49	Suicide and self-inflicted injury	11	—	11	—
BE	50	Homicide and operations of war	2	—	2	—

Tuberculosis.

Only 17 new cases of pulmonary tuberculosis in Jersey residents were notified in 1963. This is by far the lowest ever recorded in the Island. The same intensive search for new cases as in previous years has been continued so that this apparent decreasing incidence of the disease can be accepted as an accurate assessment of the present trend. This trend is best shown by the following graph :—



Another very pleasing feature of 1963 was that for the first time in the records of Jersey no new case below the age of 20 was notified. Although this might easily be due to statistical chance in our small community, there is no disputing the fact that the trend of incidence of tuberculosis in the under 20's is declining and this is shown in the following graph :—

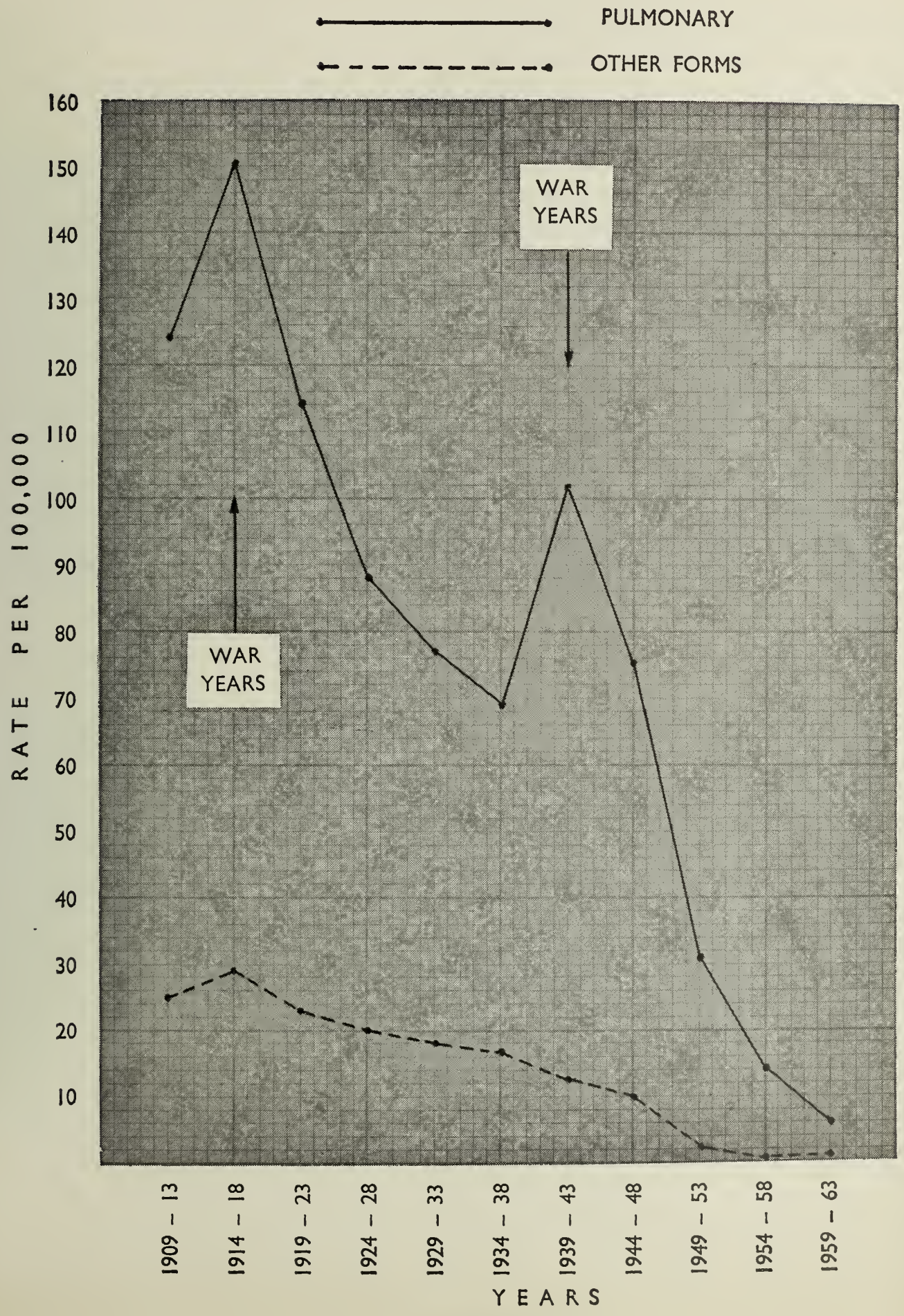


Over 80% of the population of Jersey below the age of 20 had received B.C.G. inoculations and it is to this that we can ascribe the dramatic fall in the incidence of pulmonary tuberculosis in the younger section of the community.

In past years it has been stressed that there has been no fall in the number of T.B. cases in persons over 40 years of age. The 1963 figure of 9 is the lowest ever recorded, but too much reliance should not be placed on this figure for the incidence of tuberculosis in this section of the community shows insufficient stability to allow us to interpret it as a trend.

Only one death from tuberculosis was recorded in 1963 and the following graph shows clearly the dramatic decline in the mortality rates for tuberculosis in the period 1909—1963.

TUBERCULOSIS MORTALITY

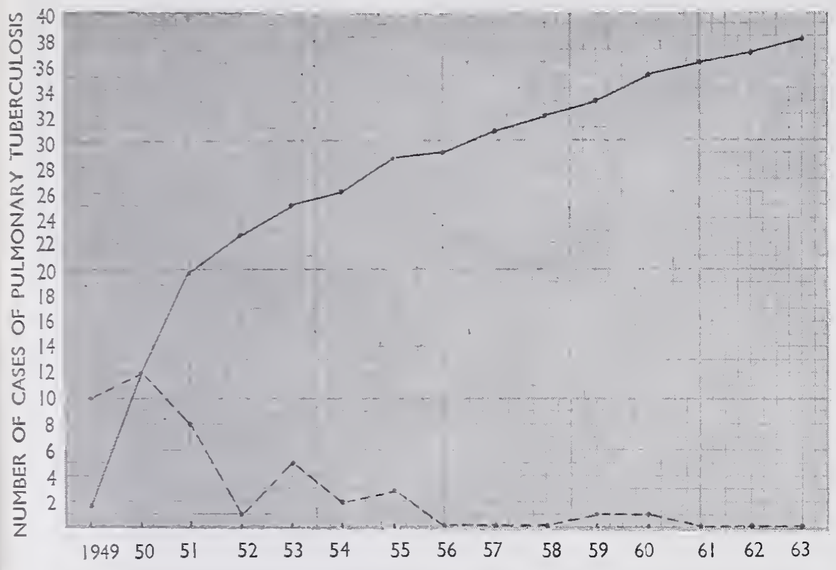


- - - - - - - - NUMBER OF CASES OF PULMONARY TUBERCULOSIS

———————— PERCENTAGE PROTECTED BY B.C.G.

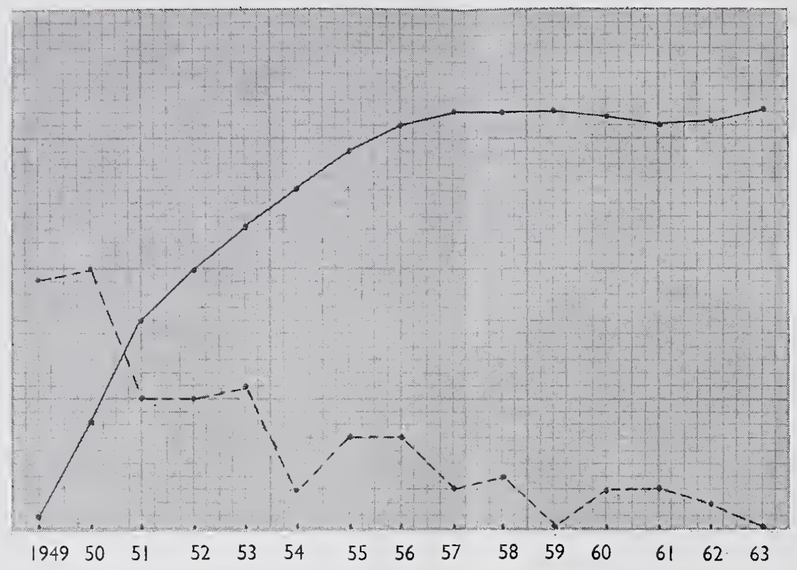
AGE GROUP: 0 — 9 YEARS

AVERAGE YEARLY POPULATION = 8,200



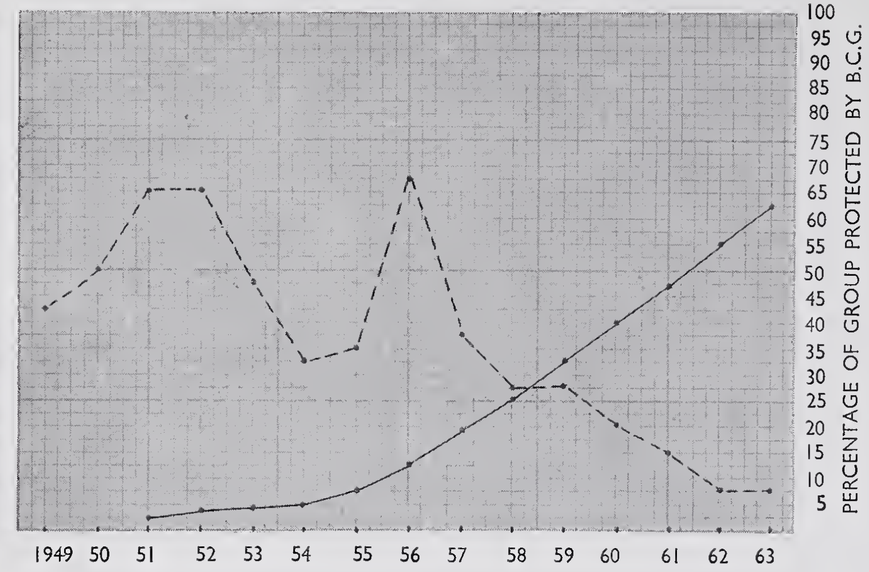
AGE GROUP: 10 — 19 YEARS

AVERAGE YEARLY POPULATION = 7,200



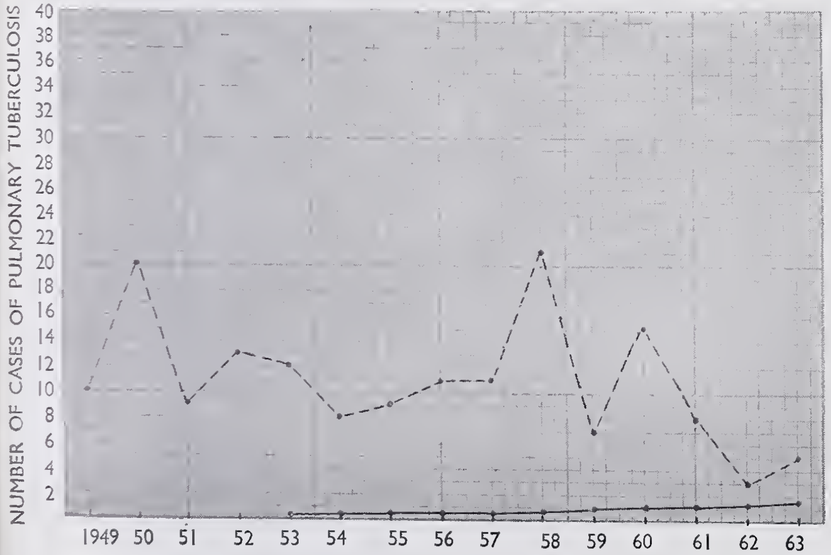
AGE GROUP: 20 — 29 YEARS

AVERAGE YEARLY POPULATION = 6,700



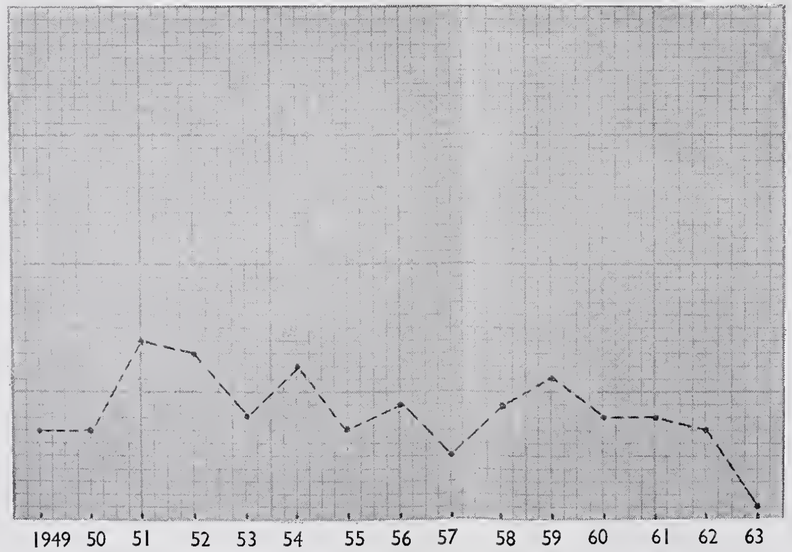
AGE GROUP: 30 — 39 YEARS

AVERAGE YEARLY POPULATION = 8,000



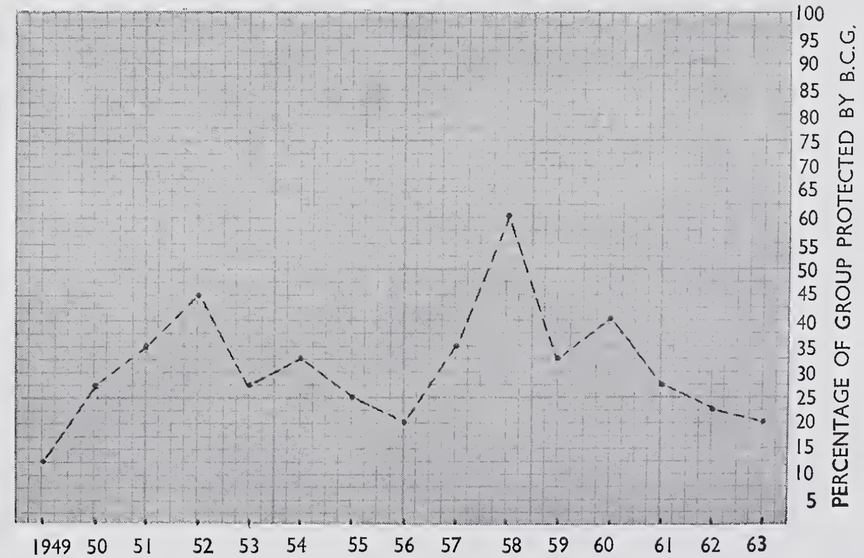
AGE GROUP: 40 — 49 YEARS

AVERAGE YEARLY POPULATION = 8,000



AGE GROUP: 50 YEARS AND OVER

AVERAGE YEARLY POPULATION = 19,500



The clinical treatment of tuberculosis cases was taken over by the Consultant Chest Physician at Overdale Hospital.

His report reads :—

The low incidence of new cases of Tuberculosis is encouraging, but a large proportion of these have been far advanced when first seen. It may be misleading to generalise on small numbers but self-neglect, heavy cigarette smoking and high alcohol consumption are factors too constant to be ignored in these advanced cases. The bad housing from which they come is a result rather than a cause of these factors, but it greatly increases the risks of dissemination, as the occasional early case in younger people testifies. Prevention or early detection of these " problem " cases will always be very difficult and it follows that the useful protection given by B.C.G. to young people is still most valuable.

The low rate of primary drug resistance is a tribute to the efficient treatment given by my predecessors, Drs. McKinstry and Darling. The danger of immigrants from under-developed countries excreting drug-resistant bacilli has not so far arisen, largely because of our policy of X-raying all alien workers.

23 new cases of lung cancer in Jersey residents were seen at Overdale during 1963, the highest figure so far. All 23 of these had been cigarette smokers. The difficulties and failures of those who seriously try to give up cigarette smoking emphasise the vital importance of educating children about the dangers of this acquired habit.

	1963	1962
Overdale Clinic Attendances		
New Patients... ...	264	245
Old Patients	1127	1201

B.C.G.

During 1963, 1,311 individuals, including 15 over the age of 15, received B.C.G. No less than 1,236 of these cases were children under the age of 12 months, of whom 1,231 were born during the year.

A total of 19,498 persons have received B.C.G. since 1949 when it was first introduced into Jersey.

Age Groups	Population	No. protected by B.C.G.	Percentage protected by B.C.G.	
Under 1	1,260	1,231	98%	96%
1—2	1,157	1,106	96%	
2—3	1,056	1,028	97%	
3—4	999	956	96%	
4—5	927	853	92%	
5—6	921	851	92%	93%
6—7	811	749	92%	
7—8	731	708	97%	
8—9	735	661	90%	
9—10	757	706	93%	
10—11	747	611	82%	76%
11—12	763	637	83%	
12—13	705	670	95%	
13—14	810	428	53%	
14—15	826	537	65%	
15—16	819	679	83%	86%
16—17	937	750	80%	
17—18	718	671	93%	
18—19	661	584	88%	
19—20	692	579	84%	
20—21	564	468	83%	80%
21—22	567	482	85%	
22—23	642	525	82%	
23—24	689	526	76%	
24—25	692	513	74%	
25—26	652	494	76%	45%
26—27	718	480	67%	
27—28	762	340	45%	
28—29	738	172	23%	
29—30	718	104	14%	

The population was estimated for each year as follows:—

1—6: the births minus the deaths.
7—14: the actual population present in all the Island schools, States' aided and private.
15 and over: the numbers present in the schools when those in these age groups were school children.

Thirteen years have now elapsed since the all-out B.C.G. campaign was started in Jersey. In that time we have experienced a dramatic fall in the incidence of pulmonary tuberculosis in the young. This year, for the first time, no resident of Jersey under the age of 20 years was notified as suffering from pulmonary tuberculosis.

The decrease in the incidence of this disease seems to be indirectly proportionate to the percentage of persons protected by B.C.G. and it might, therefore, with reason, be assumed that the policy of B.C.G. inoculation at birth has had much to do with the reduction of tuberculosis.

This relationship between disease incidence and the inoculation state of the population in various age groups is best shown in the following graphs:—

Mass Miniature Radiography.

14,491 persons attended the M.M.R. centre for an X-ray of the chest in 1963. 491 attended on more than one occasion and a total 14,951 films were taken, processed and read.

Of all persons who attended 8,735 (58%) were self-applicants ; 1,958 (13%) were referred by their own doctors for examination, and 3,139 (21%) were aliens, who, under statutory obligation, are required to undergo X-ray examination.

In all, 22 cases of pulmonary tuberculosis and 11 cases of cancer of the lung were found.

The distribution and yield per 1,000 examinations is shown in the following table :—

Group	No. X-rayed	No. of T.B.	Yield per 1000	No. of Cancer	Yield per 1000
Self-applicants ...	8,735	5	.6	3	·3
Ref. by doctors ...	1,958	7	3.6	7	3.6
Aliens	3,139	10	3.2	1	·3
Others	659	—	—	—	—
Total	14,491	22	1.5	11	.8

MASS MINIATURE RADIOGRAPHY. Year ending 31st December, 1963.

D.N.A.
S.A. M. 3
S.A. F. 1
Dr. M. 1
Dr. F. 3
8

		Min. X-rays		Passed on Min. film		Recalled for Large film		Passed on Large film		Treatment Cases		Cases for Observation		Other significant abnormalities. Cancer		Heart		Other Lung Disease	
		Grand Total	Repeats	Total	% of Grand Total	Total	% of Grand Total	Total	% of Grand Total	Total	% of Grand Total	Total	% of Grand Total	Total	% of Grand Total	Total	% of Grand Total	Total	% of Grand Total
Self-Applicants (New)	M	254	—	240	94.49	14	5.51	5	1.97	2	.78	2	.78	—	—	1	.39	4	1.58
	F	290	—	278	95.86	12	4.14	5	1.72	1	.34	2	.69	—	—	1	.34	3	1.04
Self-Applicants (Repeat)	M	4005	4005	3929	98.11	76	1.89	49	1.20	2	.05	—	—	4	.10	3	.07	15	.35
	F	4203	4203	4128	98.21	75	1.79	47	1.11	—	—	2	.04	—	—	5	.12	20	.47
Doctors' Cases	M	968	399	842	86.98	126	13.02	34	3.51	5	.52	9	.93	6	.63	9	.93	62	6.40
	F	1115	428	1012	90.76	103	9.24	42	3.76	2	.18	8	.72	—	—	6	.54	42	3.76
Contacts	M	45	25	44	97.78	1	2.22	—	—	—	—	1	2.22	—	—	—	—	—	—
	F	61	42	60	98.37	1	1.63	—	—	—	—	1	1.63	—	—	—	—	—	—
Tuberculin Positives	M	23	23	23	100.00	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	44	44	44	100.00	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Aliens	M	2137	1226	2087	97.66	50	2.34	26	1.21	6	.28	3	.14	1	.05	2	.10	12	.56
	F	1002	517	977	97.50	25	2.50	12	1.19	4	.40	3	.30	—	—	3	.30	3	.30
Hospital Staff	M	130	122	128	98.46	2	1.54	1	.77	—	—	1	.77	—	—	—	—	—	—
	F	675	548	664	98.37	11	1.63	8	1.18	—	—	—	—	—	—	2	.30	1	.15
Totals	M	7562	5800	7293	96.44	269	3.56	115	1.52	15	.20	16	.21	11	.15	15	.20	93	1.23
	F	7390	5782	7163	96.92	227	3.08	114	1.55	7	.09	16	.22	—	—	17	.23	69	.93

14,952 films—461 more than once in year=14,491 individuals.

Survey of smoking habits of the general population in 1963—giving distribution by age, sex and amounts smoked.

Age Groups		Number asked	Non-smokers	% of Total	Pipe Tobacco						Cigarettes										Cigars					
					0–3 oz.	% of Total	4–6 oz.	% of Total	7 oz.	% of Total	0—9	% of Total	10—19	% of Total	20—29	% of Total	30—39	% of Total	40 +	% of Total	5	% of Total	10	% of Total	15	% of Total
15—19	M	376	221	58.77							27	7.18	72	19.6	50	13.30	5	1.33							1	.27
	F	428	314	73.36							42	9.81	58	13.55	14	3.27										
20—29	M	896	392	43.75	20	2.23	9	1.00			39	4.35	152	16.95	224	25.00	38	4.17	17	1.89	4	.45	1	.11		
	F	1185	752	63.46							99	8.37	232	19.65	90	7.59	8	.67	4	.39						
30—39	M	1120	428	38.21	43	3.84	28	2.50	3	.26	44	3.85	145	12.94	301	26.87	77	6.87	36	3.21	7	.59	6	.52	2	.14
	F	1147	683	59.54							109	9.50	205	17.87	130	11.33	13	1.13	7	.61						
40—49	M	1017	301	29.60	48	4.72	57	5.12	4	.39	39	3.83	149	14.65	283	27.82	56	5.50	68	6.68	5	.49	5	.49	2	.19
	F	1036	527	50.87							110	10.61	230	22.20	132	12.74	21	2.02	16	1.54						
50—59	M	799	226	28.28	45	5.63	44	5.50	9	1.13	30	3.75	116	14.52	214	26.78	59	7.38	43	5.50	6	.74	6	.74	1	.12
	F	783	462	59.00							60	7.66	148	18.90	94	12.00	11	1.40	8	1.04						
60 +	M	654	212	32.41	60	9.17	46	7.03	10	1.53	32	4.89	112	17.12	123	18.80	30	4.58	15	2.29	9	1.37	5	.76		
	F	525	381	72.57							41	7.80	74	14.09	22	4.19	3	.57	4	.76						
Totals	M	4862	1780	36.61	216	4.43	184	3.78	26	.53	211	4.34	746	15.32	1195	24.58	265	5.45	179	3.68	31	.63	23	.47	6	.12
	F	5104	3119	61.11							461	9.03	947	18.55	482	9.45	56	1.99	39	.76						

Pipe Tobacco = Oz. smoked per week.
Cigarettes and Cigars = Amount smoked per day.

Anti-Poliomyelitis Vaccination.

A total of 4,738 doses of oral vaccine were given during the year, 3,979 by this department and at Infant Welfare Clinics, and 759 by medical practitioners.

The following table gives the number of doses given :—

No. of doses.	Public Health and Infant Welfare	Medical practitioners.	Total.
1st dose	1,236	184	1,420
2nd dose	1,074	170	1,244
3rd dose	1,029	237	1,266
4th dose	640	168	808
Total	3,979	759	4,738

At the end of the year 187 persons had received one dose only, 180 had received two doses, 2,347 had received three doses and 1,118 had received four doses. A further 252 had registered but had not yet received their first dose.

Of the 15,489 persons who, at the end of 1963, had received three or four injections or three or four doses of oral vaccine, 5,831 or 38% were under six years of age, and 6,412 or 41% were in the age group 6—17. The estimated population for these two age groups is 6,320 and 9,359 respectively, so it would appear that 92% under six years of age, and 68% in the age group 6—17 have been protected.

INFECTIOUS DISEASES.

The number of cases of infectious disease, other than tuberculosis, notified during 1963 is shown below :—

Disease	Cases notified
Dysentery (Sonne)	6
Food Poisoning	1
Encephalitis	1
Meningococcal Meningitis	1
Para-typhoid Fever	1
Scarlet Fever...	3
Whooping Cough	2

This absurdly low total of notifications might either indicate that the Island is unusually free of infectious disease or, what is more likely, it shows the low regard now being felt by family doctors for the importance of some of these one-time very dangerous diseases. Clinically the majority of these illnesses have been mild and the main complications can now be prevented by the exhibition of the antibiotic group of drugs. In view of the apparent decreasing public health importance of some of these diseases, a revision of the present list of notifiable diseases might be indicated.

Some dysentery appears to be constantly present in the community and the number of cases notified bears no relation at all to the number of symptomless excretors. With the present level of endemicity small sporadic outbreaks, especially associated with schools, crèches, families, etc., can always be expected. Fortunately, the clinical cases seen during the year were all very mild.

Venereal Disease.

The Special Clinic at the General Hospital is held on Mondays and Wednesdays (separate Clinics for males and females) during the winter months and an extra Clinic is held on Saturdays during the summer months.

Dr. Bentlif reports a total increase of 336 in all attendances between 1962 and 1963. The actual figures are :—

	1961	1962	1963
New Cases...	104	142	233
Re-attendances	177	331	576
Total	281	473	809

Dr. Bentlif goes on to say—" This increase is rather frightening but is undoubtedly due to the visitor season and a certain type of tourist that comes to this Island. A lot of women come over from the mainland who are already infected without perhaps realising it, and due to the general lowering of moral tone amongst the young people of to-day, these women pass on this disease to more than one contact. It has been increasingly difficult to get these women up to the Clinic as most of them have left the Island by the time the men come for treatment. We have made a special effort to have a Clinic for women only on Wednesdays so that there should be no embarrassment to them.

Syphilis is getting more common and the majority of patients are homosexuals. The latter seem to flock over here during the summer months for jobs such as waiters, hotel porters, etc., and the incidence of this disease falls during the winter months."

This grave problem is under close and constant review.

School Medical Service.

General.

Jersey's school medical service, like that of the mainland, aims to provide medical examination facilities and immunisation for the Island's school-child population. The service is comprehensive and covers all State-controlled and most of the private schools.

The total number of pupils on the Island's school registers in 1963 were 8,626 and of this number only 298 (3.4%) were outside the school medical service.

School medical examination is optional and all parents have the right to refuse examinations, but we are pleased to report that there were only 34 (0.7%) refusals for the periodic medical examination out of 2,360 total examinations.

The purpose of school medical examination is to discover physical defects which are remediable and also to discover permanent disability of either mind or body which is interfering with the child's capacity to benefit from schooling. Such permanent disability may require special consideration at the ordinary school or, in extreme cases, may require special schooling designed for handicapped children.

Special education of the mentally handicapped is provided for at the Junior Training Centre at Grouville, but the needs of the emotionally maladjusted and physically handicapped are largely provided for in residential schools on the mainland.

Immunisation.

As most of the private schools have now accepted medical examination of their pupils this has afforded an opportunity to review and keep up to date the immunity state of practically the whole school-child population. This is a most desirable achievement as apart from the individual protection achieved by immunisation the high proportion of immune school children would make it unlikely for an imported case of diphtheria to cause a serious epidemic.

B.C.G. Immunisation.

This very valuable protection against tuberculosis has been available to children in Jersey for over 14 years so that practically the whole school-child population is protected against this serious disease. The practice of immunisation at birth is excellent as it ensures that few children are missed and that immunity is present throughout school life. All children who have not had B.C.G. immunisation at birth can, if they so wish, arrange to have a tuberculin test and if necessary immunisation at the Chest Clinic at Overdale.

Physical Education.

As is usual with all school-child populations defects of posture are found to head our list of abnormalities in Jersey school-children. A total of 364 children at periodic medical inspection were found to have one or more defects of posture and such defects accounted for 28.7% of all defects in this group.

Most defects of posture are minor and will not incapacitate the individual in the future, but for æsthetic reasons it is desirable that we correct defects of posture before the skeletal deformities become permanent in later years.

Round shoulders and, to a lesser extent, flat feet are amenable to correction by physical education, but to be most effective remedial exercises should be commenced at school entry as by the age of 12 years many postural defects are almost beyond correction.

At present most of the senior schools have facilities for indoor gymnastics, but it is at the junior schools that such facilities are most needed and I hope that this aspect of education will not be forgotten in future planning.

School Buildings.

It is encouraging to note the number of schools where major structural and sanitary improvements have been effected in the last few years, particularly the installation of central heating. A lot, however, remains to be done and many of the classrooms are still overcrowded and extension of existing buildings must be the main concern of future planning.

MEDICAL INSPECTIONS.

School-children are medically examined on four occasions during their school life. The first is at entry to school, usually at the age of 6 ; the second at 9 ; the third at 12, and the final examination during the pupil's last year at school. These examinations are known as periodic examinations.

In addition to periodic examinations many children found to have defects are re-examined annually in order to assess the progress of their condition or response to treatment.

During the year 2,648 children were examined and of this number 288 were re-examinations for re-assessment of defects discovered at a previous periodic examination.

The number of children examined at periodic examinations was 2,360 and of these 1,106 (47%) were found to have one or more defects.

TABLE I.

	Periodic Medical Inspections.		
	1961	1962	1963
Number of pupils on School Registers	8,423	8,429	8,626
Number of children inspected	2,153	2,493	2,360
Percentage of children inspected	25.6%	29.5%	27.3%
Number of sessions by School Doctor	118	150	173
Average number examined per session	18	19	13

TABLE II.

Incidence of Defects and Diseases (excluding Dental Disease and Infestation with Vermin) found at Periodic Medical Inspections in 1963.

Number of children inspected = 2,360		
Type of Defects.	Number of Defects.	Incidence per 1,000 children.
Skin	43	18.2
Eyes—Vision	287	121.6
Squint	35	14.8
Others	9	3.8
Ears—Hearing	49	20.8
Otitis Media	13	5.5
Other	8	3.4
Nose and Throat (including catarrh and glands)	137	58
Speech...	29	12.3
Heart	54	22.9
Lungs	54	22.9
Development—Hernia	9	3.8
Other	14	5.9
Orthopædic—Posture	90	38.1
Feet	183	77.5
Other	91	38.6
Psychological—Development	6	2.5
Stability	18	7.6
Nervous System—Epilepsy	6	2.5
Other	3	1.3
Asthma	37	15.7
Bed-wetting	22	9.3
Obesity	32	13.6
Other Defects	39	16.5
Total Defects	1,268	537.1

(*a*) *Visual Defects.*

At periodic medical examinations 287 children were discovered with visual defects. Of these 115 were referred for specialist investigation and the remaining 172 were already under treatment, either by an eye specialist or an optician.

This is the first year in which serious effort was made to discover visual defects in school entrants by the use of tests independent of their knowledge of the alphabet. Although such tests require rather more time and patience than the conventional test for older children it is time well spent since visual defects in 5 and 6 year olds can be a serious handicap in their first year at school.

The incidence of visual defects which have remained fairly constant over the previous five years shows a rise this year which is due to the more thorough screening of infants.

TABLE III.

Incidence of Visual Defects.

Year.	Incidence per 1,000 School-children.
1958	89
1959	78
1960	62
1961	79
1962	69
1963	121

The 1963 figure, although much higher than in previous years, compares favourably with that for mainland State Schools where the incidence in 1961 was 124.5 per 1,000.

(*b*) *Nose and Throat Defects.*

At periodic inspection 137 children were discovered with upper respiratory defects, giving an incidence of 58 per 1,000.

This figure compares favourably with conditions on the mainland where the incidence of upper respiratory defects were recorded as 64 per 1,000 in 1961.

(*c*) *Respiratory Defects.*

The incidence of respiratory defects in 1963 was 22.9 per 1,000. Here also our figures would appear to be approaching closely to conditions on the mainland where the figure for 1961 was 23.4 per 1,000.

TABLE IV.

SCHOOL MEDICAL INSPECTIONS, 1963.

	No. Examined	Boys	Girls	No. with Defects	Boys	Girls
Group I 5—6 years	716	359	357	298	164	134
Group II 9 years	598	314	284	202	102	100
Group III 12 years	564	269	295	219	100	119

GROUP IV						
15 years and leavers	482	247	235	220	123	97
GROUP V						
Specials and re-examinations	288	145	143	167	79	88
Totals...	2,648	1,334	1,314	1,106	568	538

DIPHTHERIA IMMUNISATIONS

Primaries	176
Boosters	1,220

ANTI-TETANUS TOXOID IMMUNISATIONS

Primaries	642
Boosters	15

TABLE V. SCHOOL MEDICAL INSPECTIONS, 1963.

SUMMARY OF DEFECTS.

	GROUP I			GROUP II			GROUP III			GROUP IV			GROUP V			
	O	T/R	R	O	T/R	R	O	T/R	R	O	T/R	R	O	T/R	R	Total
Skin...	8	3	3	9	1	—	6	1	1	7	8	—	8	4	2	55
EYES: Vision...	34	26	18	14	38	20	8	70	44	5	92	33	8	58	10	353
Squint...	2	9	4	2	9	2	—	9	—	1	3	—	1	7	1	43
Other	1	—	—	1	3	3	1	—	—	1	2	—	4	3	2	16
EARS: Hearing	16	7	4	7	2	1	—	3	3	6	8	2	11	5	3	65
Otitis Media	4	1	—	2	—	—	4	—	—	2	—	—	1	—	—	14
Other	3	1	—	1	—	—	1	1	—	1	—	—	1	—	—	9
Nose/Throat	65	16	9	24	5	4	5	8	5	6	2	4	11	4	2	146
Speech	3	13	9	—	2	1	2	5	2	2	2	1	5	6	2	40
Cervical glands	1	—	—	2	—	—	1	1	1	1	—	—	—	—	—	6
Heart/Circulation	16	4	3	8	3	2	9	1	—	10	3	1	9	5	—	68
Lungs	31	1	1	13	2	1	4	—	—	—	3	—	4	—	—	58
DEVELOPMENT: Hernia	2	3	3	3	—	—	—	—	—	1	—	—	1	—	—	10
Other	5	2	2	2	—	—	1	—	—	4	—	—	—	—	—	14
ORTHOPÆDIC: Posture	23	—	—	25	—	—	20	—	—	19	3	—	9	—	—	99
Flatfoot	40	3	—	43	7	1	47	8	—	31	4	—	8	1	—	192
Other	28	1	—	6	—	—	19	5	—	30	2	—	5	1	1	97
NERVOUS SYSTEM: Epilepsy	2	1	—	—	—	—	—	2	—	1	—	—	—	—	—	6
Other	1	—	—	—	—	—	1	—	—	1	—	—	4	—	—	7
PSYCHOLOGICAL: Development	3	—	—	3	—	—	—	—	—	—	—	—	2	—	—	8
Stability	5	2	1	2	2	2	3	—	—	2	2	—	4	1	1	23
Asthma	12	1	—	6	—	—	6	2	—	7	3	—	8	—	—	45
Enuresis	11	1	—	8	—	—	1	—	—	1	—	—	5	—	—	27
Obesity	1	—	—	4	1	—	13	2	—	11	—	—	4	2	—	38
Other Defects	10	—	—	7	2	1	9	1	—	9	1	—	5	1	1	45
Totals...	327	95	57	192	77	38	161	119	56	159	138	41	118	98	25	1,484

O = Defects requiring observation.
T/R = Defects requiring treatment and referral
R = Defects requiring referral

Groups I, II, III and IV ... ... Periodic inspections.
Group V ... ... Special inspections.

Note: Please note that the totals in the last column refer to the totals of columns " O " and " T/R " only as column " R " is already included in column " T/R ".

HEIGHT AND WEIGHT SURVEY.

A height and weight survey of all children attending States' schools has been made at approximately 5-year intervals in the past. A period of eight years has elapsed since the last survey, which was made in 1955.

The present survey, like that of 1955, includes the colleges and the following are the comparable figures over the last 30 years.

TABLE VI

	Jersey Schools							Belfast Secondary Schools
Age	1930	1935	1940	1945	1950	1955	1963	1961
Boys' Heights (inches)								
8	48.9	47.4	50.6	48.7	49.3	49.4	51.2	51.0
11	54.2	54.4	54.4	53.8	55.1	55.7	56.8	58.1
14	59.5	60.3	60.1	59.3	60.9	61.8	63.8	62.4
Boys' Weights (lbs.)								
8	54.3	53.3	55.9	55.7	53.8	56.8	64.1	57.0
11	71.3	69.4	73.9	70.9	75.3	76.9	84.2	81.7
14	92.0	94.3	92.7	93.8	98.4	102.5	117.0	102.1
Girls' Heights (inches)								
8	48.4	47.5	48.8	48.2	49.0	48.8	50.9	50.8
11	55.0	54.9	54.6	54.0	53.9	55.1	57.6	58.8
14	60.9	61.4	61.2	59.6	61.2	61.0	62.7	62.6
Girls' Weights (lbs.)								
8	52.6	52.4	53.7	54.3	56.4	56.2	62.5	58.9
11	71.6	72.1	71.6	72.7	73.8	76.4	86.2	84.8
14	95.6	98.2	98.4	100.5	108.5	107.5	115.7	106.2

The impression one gets from these figures is that Jersey children appear to be overweight, but this is partly due to the fact that the children were weighed fully clothed except for footwear. I do feel, however, that there may be other factors to be considered here as obesity is not uncommon in Jersey school children.

In conclusion I would like to thank the school principals and teachers whose help and co-operation have contributed so much to the success of the School Medical Service during 1963.

M. MURPHY,
School Medical Officer.

SCHOOL DENTAL CLINIC.

Report by the Senior School Dental Officer.

The number of school-children inspected and the number needing treatment remains virtually constant. However, the total number attending for treatment and the amount of chairside work done shows a considerable increase on last year. This is because more children are attending at about six-monthly intervals without waiting for the routine school inspection.

During the year a detailed inspection was carried out of the 5, 7 and 14 year-old children to obtain an exact idea of the state of their teeth and to enable comparisons to be made with children's teeth elsewhere. The D.M.F. index was used *i.e.* Decayed, Missing, Filled. This shows the amount of decay, past and present, in each mouth. The results obtained are given below and comparisons made with recent results obtained in the British Isles show that the Jersey school-child is fitter dentally than his British counterpart.

Age	No. Inspected	Average D.M.F.	D.M.F. Anglesey 1961
5	287	3.51	5.70
7	171	5.13	7.08
14	326	7.26	—

SCHOOL DENTAL CLINIC, 1963.

	1963	1962	1961
Number inspected	5,918	6,066	5,439
Number needing treatment	3,333	3,183	5,103
Percent needing treatment	58.0	52.5	57.0
Number consenting to treatment	2,267	2,256	1,934
Per cent consenting to treatment	68.3	70.9	62.3
Number of first visits	2,966	2,535	2,422
Total attending	9,328	7,696	7,939
Number of fillings (P)	6,926	5,608	5,907
Number of fillings (T)	939	741	754
Number of teeth filled (P)	5,349	4,253	4,629
Number of teeth filled (T)	1,291	1,250	975
Number of teeth extracted (P)	893	715	912
Number of teeth extracted (T)	2,026	1,329	1,238
Number of visits for Orthodontic treatment	519	316	584

I. J. CAMPBELL,

Senior School Dental Officer.

(P)—Permanent. (T)—Temporary.

SPEECH THERAPY.

Report by the Speech Therapist.

For the first five months of 1963, there was one Clinic per week when the services of the Speech Therapist from Guernsey were still being used. On 2nd June, 1963, I was appointed on a full-time basis, working eight sessions per week at the Public Health Offices and two sessions per week at the General Hospital. These Clinics cover speech defects of all age groups from pre-school-children to adults and include some patients who are below average intelligence.

Public Health Department Clinic.

Number of patients treated	129
Number of attendances	786
Number of patients on review	20
Number of discharges	57

The following table gives the type of defect and age groups of the patients.

Type of Defect.	Age Groups.					
	0 — 5		6 — 15		Total	
	M	F	M	F	M	F
Stammer	—	—	22	2	22	2
Dyslalia (retarded speech development)	7	2	55	29	62	31
Cerebral Palsy	1	—	—	1	1	1
Deafness	1	—	1	4	2	4
Dysphasia	—	—	1	—	1	—
Cleft Palate	—	—	—	1	—	1
Rhinophonia	1	—	1	—	2	—
Total...	10	2	80	37	90	39

Hospital Clinic.

Number of patients treated	14
Number of attendances	75
Number of patients on review	6
Number of discharges	3

Type of Defect.	Age Groups.																	
	0—5		6—15		16—24		25—34		35—44		45—54		55—64		65+		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Stammer...	—	—	1	—	—	2	—	—	—	—	—	—	—	—	—	—	1	2
Dyslalia	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1
Cerebral Palsy	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2
Laryngectomy	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Dysphasia	—	—	—	—	—	—	—	—	1	—	2	1	—	—	—	—	3	1
Dysarthria	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	1	1
Total... ...	1	—	1	—	—	2	—	3	1	1	3	1	—	—	1	—	7	7

In conclusion, may I express my sincere thanks to Miss E. Le Feuvre for her help and co-operation at all times. It has indeed been a pleasure to work with her in such close harmony. Also, I would like to thank the Headmasters, Headmistresses and Staff of all the schools I have visited for their interest and assistance.

A. E. LOWRY,
Speech Therapist.

REPORT OF THE CHIEF SANITARY INSPECTOR, 1963.

I have the honour to submit the Annual Report on the work of the Sanitary Inspectors' Department for the year ended 31st December, 1963.

The Department is fortunate in retaining the same staff of sanitary inspectors whose intimate knowledge of their respective districts is of invaluable help in off-setting a staff shortage. Our duties have of necessity continued to be largely of a routine nature and the work generally followed the pattern of that of the previous year with the exception of a more positive approach to the housing problem. There are several aspects of environmental hygiene, particularly in the field of food hygiene, that warrant our attention and it is to be hoped that the necessary means to achieve an advancement will not be long delayed.

Dr. A. S. Darling who succeeded the late Dr. R. N. McKinstry as Medical Officer of Health in December, 1957 retired during the year to take up an appointment in pastures new in the environs of Manchester. We wish him success in his new appointment and welcome Dr. W. Williams in his stead.

BUILDING CONTROL.

Building work continued at the high intensity that has been sustained throughout the post-war years. During 1963, from a total of 1,930 new applications received in the Planning Office, 1,628 were dealt with in the Sanitary Inspectors' Department. It will be appreciated that those applications which are of a contentious nature (*i.e.* green zone, etc.) and are unlikely to be approved, are reported upon by the Planning Officer direct to the Island Development Committee, and those of a non-contentious nature are dealt with at the officers' weekly meeting.

A considerable amount of the Department's time is taken up in building control, notably those aspects that are predominently a public health concern. A single application may well involve a dozen visits from the initial site inspection until the completion of the job.

At this juncture I would like to place on record our appreciation of the ready co-operation we invariably receive from the Planning Officer, Building Inspectors and other States' Departments involved.

During the year the question of building at fairly high density in areas devoid of essential services was brought to a head in consequence of the suggested development of the " Yellow Zone " at the north end of St. Ouen's Bay and defined in the Barrett Report. It was felt that the development of this area into something over 100 plots should be conditional upon main drainage and water supply facilities being available, these being fundamentally necessary to avoid any nuisance or potential danger to health. There are already some 40 properties existing in the immediate vicinity relying on septic tank and soakaway drainage and well water supply and to perpetuate dense development under these conditions is considered a retrograde step.

While it is still possible to assess the individual isolated site on the basis of site drainage and water supply it becomes increasingly apparent that more intense development such as that envisaged in St. Ouen's Bay must be served by a communal sewerage system and mains water. On public health grounds the time has come to halt dense development in the absence of mains services.

As a result of the Department's concern the Sewerage Board was requested to formulate proposals to provide sewerage facilities for this area bearing in mind the possibility of sewering village centres en route (*i.e.* St. Peter and St. Ouen). A comprehensive report on the matter was prepared by Mr. C. W. P. Francis, Chief Engineer of the Board and at the end of the year the proposals contained therein were under consideration.

HOUSING.

A somewhat more positive approach to slum-clearance with a view to re-development of selected areas, was demonstrated during the year.

A Joint Working Party consisting of the States' Engineer, Planning Officer, Housing Officer, Medical Officer of Health and the Chief Sanitary Inspector was formed early in the year with the object of offering advice and recommendations to the Slum Clearance Joint Committee.

Concurrently, plight and condition surveys of previously agreed areas were disrupted by Mr. Hammond's indisposition and the Working Party agreed that two areas of immediate significance should be inspected and reported upon by the Public Health Department. These were the remaining 54 houses plus sundry commercial premises in the Ann Street area not reported upon by Mr. Hammond and also the " Westmount " area which comprises largely dwelling houses—38 in number.

Precisely one-third of the dwellings in the former area and one half of these in the latter were found to be in the condemnation category.

It might be appropriate to mention those matters of which we take particular note in assessing housing categories. These are arrangement of houses, state of repair, stability, freedom from damp, natural lighting and ventilation, water supply, drainage and sanitary conveniences and facilities for storage, preparation and cooking of food.

The Slum Clearance Joint Committee, having considered the report of the Working Party in these two areas, recommended that the Westmount area should be given priority, divided into two phases and that the 13 Category IV houses in Phase I should be subjected to Closing Order procedure. This recommendation was subsequently implemented by the Public Health Committee.

It will be recalled that a survey had previously been made of that part of the town now referred to in general terms as the Dumaresq Street area. It was decided that the re-development of this area should form the next priority, and that condemnation of the Category IV dwellings should be proceeded with. In view of the fact that the original survey was undertaken in 1961 the houses were all re-inspected and 55 separate habitations were found to be unfit. Upon report to the Public Health Committee Closing Orders were made in respect of these dwellings.

It had been anticipated that considerable opposition would arise from the owners of these properties but in the event only two representations were received querying the Committee's decisions.

Largely as a result of complaints received from the tenants the following individual properties which were considered unfit for human habitation were condemned and closed by order of the Public Health Committee.

Number of houses condemned	Position	Date of report	Result of action taken
3	1, 2, 3, at the rear of 38 and 40, Dorset Street, St. Helier	28.1.63	Still occupied
1	3, Maesteg Cottages, Columbus Street, St. Helier	18.2.63	Vacated
1	Shed back of Northdate Cottage, St. Ouen	11.3.63	Vacated
1	No. 3, The Glen, Highfield Lane, St. Saviour	11.3.63	Vacated
1	Minquiers View, Route de Tabor, St. Brelade	11.3.63	Still occupied
7	Grève-de-Lecq Barracks, St. Mary	1.4.63	5 Still occupied
1	13, Old Street, St. Helier	8.7.63	Vacated
1	Flat, 2, Clarendon Road, St. Helier	7.10.63	Still occupied
1	Mon Sejour Cottage, Inner Road, St. Clement	18.11.63	Still occupied
1	No. 2, Old St. John's Road, St. Helier	30.12.63	Still occupied
Closing Orders rescinded.			
1	3, Ann Lane, Ann Street, St. Helier	18.9.63	
1	Greenbanks Cottage, St. Peter	11.11.63	

Improvements to Dwelling Houses.

1. Number of existing dwellings provided with new sanitary fittings... 126
2. Number of existing dwellings provided with water carriage drainage 32
3. Number of existing dwellings structurally re-conditioned... 11
4. Number of existing dwellings re-drained from septic tank and soakaway to sewer 37

WATER SUPPLY.

Samples taken for :—

	Satisfactory	Unsatisfactory	Total
Chemical analysis	115	87	202
Bacteriological examination	124	82	206

SOURCES SAMPLED.

	No.	Satisfactory	Unsatisfactory	Improved	Condemned
Wells	150	73	77	—	5
Springs	11	6	5	—	—
Streams	3	1	2	—	—
Rainwater storage	16	4	12	—	—
Bore tubes	20	16	4	—	—
Treated supplies	5	5	—	—	—

Number of samples which contained excessive lead	6
Number of samples which contained excessive copper	8
Number of samples which contained excessive zinc	12
Number of swimming pools sampled	2

SWIMMING POOLS.

A considerable increase in the number of swimming pools in connection with hotels has become apparent during the past few years. This trend has probably resulted from a combination of literature and press advertising from firms specialising in swimming pool construction and a desire on the part of hoteliers to " keep up with the Jones's ". There is no doubt that this added amenity is an attraction to visitors, but the Department must always be conscious of the necessity on the part of the proprietor to maintain the filtration and sterilizing equipment in accordance with the manufacturers' intructions. It is proposed during the current year to sample these pools as frequently as possible.

CLEAN FOOD.

During the course of preparation of the proposed Food and Drugs Act, several consultations took place between the Law Draftsman and the Public Health Department. This Act, when finally approved, will have far-reaching implications and its efficient implementation will be beyond the resources of the existing staff, both inspectorial and clerical. This is a vital piece of legislation and it would be unfortunate indeed if full effect could not be derived from the provisions of the Act purely by reason of lack of man-power.

Routine inspections of food premises continued during the year. As a result one café was found to be grossly unsatisfactory by reason of the dilapidated and insanitary condition of the kitchen and an apparent lack of " know-how " on the part of the proprietor. This café was subsequently closed by order of the Public Health Committee. In one other instance an unlighted and unventilated basement was found to be used as a food preparation room in connection with a snack-bar. The threat of closing order procedure being applied sufficed to ensure the discontinuance of the use of the basement.

During the year the following inspections were carried out :—

1. Food preparation premises ... 346
2. Licensed premises ... 65
3. Mobile vans ... 11

PRODUCTION OF CLEAN MILK.

PHOSPHATASE TEST. (Efficiency of Pasteurisation).

One hundred and ninety-three samples of milk were taken at all stages from dairy to consumer. One sample only was unsatisfactory. These results together with the analysis figures show that the milk as supplied to the public is safe and of good quality.

FOOD AND DRUGS SAMPLES.

Nature of sample	No. of samples taken	Genuine	Remarks
Milk...	183	179	Four samples were below standard and investigations were carried out. Follow up samples were satisfactory.
Cream	6	6	
Sweets	4	4	
Pepper	1	1	
Tonic water	2	2	
Lemon juice	1	1	
Dates	1	1	
Fruit drink	4	4	
Custard powder	1	1	
Jelly...	6	6	
Preserved fruit	11	11	
Doughnut	1	1	
Ice cream	4	4	
Soup powder...	5	5	
Flavouring syrup	6	6	
Mineral water	1	1	
Jam	1	1	
Butter	1	1	
Coffee	1	1	
Preserved vegetables	3	3	
Preserved meat	1	1	
Cake mix	1	1	
Aspirin	2	2	

RADIATION HAZARD TEST.

Forty-four pints of milk were examined for Strontium 90 content and the figures were below danger level.

UNSOUND FOODS.

During the year 176 visits were made to wholesale warehouses, shops, etc. concerning unsound food. The appropriate certificates were issued in respect of the following foods judged to be unfit for human consumption :—

1,071 lbs. miscellaneous foods.
2,554 lbs. fruit and vegetables.
1,664 lbs. fish. 56 lbs. cheese.
4,292 lbs. meat and meat products.

SEWERING AND DRAINAGE.

As mentioned in the section dealing with building control, the Department is acutely aware of the dangers that might arise from areas of new development remote from essential services. This concern applies equally to existing centres of population and to proposed village extensions as recommended in the Barrett Report.

In this latter connection and resulting from Public Health Department recommendation, the Sewerage Board has been requested to prepare a sewering pilot scheme to embrace the existing and proposed development of St. John's village. This type of scheme, based on local disposal, can be very suitable to serve a relatively small community when connection to the main drainage system based on Bellozanne is remote in time or distance. One's mind turns to other existing areas where the need for communal sewage disposal may well become vital in the immediate future. I refer particularly to Rozel and Grève-de-Lecq, two of the most popular bays where our ingenuity is stretched to the uttermost to avoid undue nuisance.

Route de Tabor, St. Brelade, from Tabor Chapel to Red Houses, was one of the areas made subject to Public Health recommendation for sewering to abate sanitary nuisance, and the Sewerage Board commenced work on this towards the end of the year.

Some seventy properties will be able to connect as work proceeds, details having been circulated to property owners. With the exception of Tabor Lane, this will largely complete the sewering of this populous part of St. Brelade.

Several complaints concerning a nuisance from the outfall of the brook/sewer adjacent to the slipway on the approaches to Gorey were received during the visitor season. These complaints coincided with heavy accumulations of vraic that were not dispersed by successive tides and the resultant " amalgam " was to say the least unpleasant and æsthetically undesirable.

It is gratifying to record that the Sewerage Board has been charged to take the necessary measures to obviate the nuisance and it is to be hoped that this temporary expedient will in no way prejudice the over-riding urgency of sewering Gorey Village and the intervening populated areas towards the head of the existing sewerage system at Green Island.

DISINFECTIONS AND DISINFESTATIONS.

Number of rooms disinfected for infectious diseases	69
Number of bundles of bedding and clothing disinfected	195
Number of mattresses disinfected	75
Number of rooms disinfested	277
Number of books disinfected	74

Drain tests 921

PEST DESTRUCTION.

New Inspections	185
Re-Inspections and Re-Visits	1,856
Spraying for cockroaches, flies, etc.	58

Two vessels with expired De-Ratting Exemption Certificates were examined, found free of evidence of rats and issued with new Exemption Certificates in accordance with Article 12 of the International Sanitary Regulations.

In conclusion I would again thank all members of the Department for their unfailing help ; Dr. Williams for his guidance and ready understanding of our problems, and the members of the Public Health Committee for their encouragement and support.

R. F. KNOWLES,
Chief Sanitary Inspector.

WELFARE OF THE AGED AND INFIRM.

The first Public Health Social Welfare Worker to be appointed in Jersey commenced her duties in September, 1963. Her efforts for the most part will be directed to the development of such ancillary services which may help old people to live a normal life in their own homes and, when that is no longer possible, to their " boarding-out " in private residential homes.

These homes are now regularly inspected and the standards, with very few exceptions, are very satisfactory, the premises being clean and warm and the food of good quality and ample quantity.

Legislation has been drafted to compel the registration of all such " Old Persons Homes ".

The numbers of old persons boarded out through the Public Health Committee in 1963 were as follows :—

	Male	Female	Total
No. of persons boarded out 1/1/63	13	22	35
No. of persons added during the year...	8	11	19
No. of persons removed or died during the year	8	7	15
No. of persons boarded out 31/12/63	13	26	39

The average age of the persons was 73 for males and 77 for females.

Home Helps Service

This service, which is provided through a voluntary agency and helped by a small States' subsidy, has expanded during the year. It now controls 57 home helps distributed as follows :—

St. Helier	36
St. Clement	7
St. Saviour	5
St. Brelade	4
St. Martin	2
St. Mary...	2
Grouville...	1

A total of 12,624 hours were worked by the home helps. The organisers of this very important service deserve the highest of praise.

Meals on wheels

A total of 4,221 hot meals were supplied to those old persons who were not able to provide properly for themselves. The meals are delivered to the person's home and this service does much to combat malnutrition, a condition which is quite commonly found in the aged. This service also enables many old persons to continue to live in their own homes—in their own familiar environment—and this helps in their ease of mind.

The distribution of these meals, although still centred around St. Helier, is expanding more and more into the other parishes. The meals were distributed as follows :—

St. Helier	2,474
St. Saviour...	969
St. Clement	450

and the balance of 328 meals in other parishes.

Only St. Ouen and St. Lawrence have not yet been brought into the scheme.

The Meals on Wheels is staffed, financed and administered entirely by voluntary effort and the persons responsible deserve the very highest commendation.

JERSEY DISTRICT NURSING ASSOCIATION AND FAMILY WELFARE CENTRE.

The Jersey District Nursing Association, through its 9 branches and the Family Welfare Centre, continued to render most valuable services throughout the year. Although these voluntary organisations receive substantial subsidies from the States there can be no doubt, from results achieved, that it is money well spent.

Besides the routine work of district nursing and health visiting other duties performed at the request of the Public Health Committee include school health work, B.C.G. inoculations, contact tracing of tuberculosis, and the supervision of boarded-out old people.

At the present time there are 11 Child Welfare Centres on the Island at which 38 clinics are held each month.

The following routine of immunisation is carried out at the Clinics:—

At birth	—B.C.G.
At 3 months	—Whooping cough/diphtheria/tetanus/oral poliomyelitis
At 4 months	— ditto
At 5 months	— ditto
At 12 months	—Smallpox vaccination
At 18 months	—Booster whooping cough/diphtheria/tetanus/oral poliomyelitis.

The increasing birth rate adds greatly to the work of the Health Visitors and it might well be necessary to add to their establishment in the near future.

CREMATORIUM.

Report by the Crematorium Superintendent.

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(1) *Cremations.*

The total number of cremations carried out was 175, an increase of 32 on last year.

Of these, 51 were Jersey born, 17 visitors, 107 who had resided in Jersey for several years.

(2) *Disposition of the Ashes.*

Scattered in Garden of Remembrance	123
Taken away by representative for burial in family graves or scattered in other parts of the Island or at sea	40
Taken away by representative for burial on the mainland	12

(3) *Book of Remembrance.*

Entries in Book number 131.

The Cremator.

Due to intermittent cremations, some anxiety was felt over the cracking of the bricks in the main and centre hearth, but this fault has been remedied by the installation of a complete main and centre hearth of new design. It is believed that these new covering slabs above the " whelps " will combat the strain imposed on the bricks by extreme heat to cold, granting the cremator a much longer period before requiring a further re-lining.

The six-monthly inspection of the cremator has been carried out by Mr. H. Chard, representative of Dowson & Mason Ltd., who declared everything in order and well maintained.

The Grounds.

In spite of an appalling winter which resulted in a loss of many of the less hardy type of plants, nature rallied herself to bring forth a very pleasing garden. The roses proved throughout the year to be exceptional. Beds of floral design carried out by Mr. A. M. Ruellan, Superintendent of Parks and Gardens, gave an additional touch to the beauty of these grounds.

Memorial Service.

A special Remembrance Service was held on 22nd December. Invitations were limited to mourners of the earlier part of the year. A total of 105 people attended.

The Service was conducted by Rev. Guille-Marrett, with Mr. Gordon Le Breton at the organ.

Many letters have been received requesting that further services be held, so arrangements will be made to hold four Services a year.

T. HAMON,
Superintendent.